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ABSTRACT

This project builds organizational and staff capacity to deliver HIV/AIDS education to farmworking Hispanic female adolescents and women. It includes two training manuals, one addressing the issues of farmworking mothers/mentors, and one addressing the issues of preadolescent and adolescent farmworking girls. This manual for mothers contains information on puberty and human developmental stages. The curriculum stresses the importance of clear communication styles and skills building. Each manual contains six units with basic HIV/AIDS and sexually transmitted disease (STD) information, exercises, stories, and handouts. Participants go through a subtle process that involves exploring self-identity without assaulting personal experiences or values and using self-reflection to move toward an understanding of the need to address the reality of sexuality, HIV, and STDs in their lives. Mothers develop and practice skills to help their daughters adopt and sustain healthy, safe sexual decisions. The six units are: (1) "Team Building: Getting To Know Each Other and the Program"; (2) "Our Bodies"; (3) "La Comunicacion: Strategies for Effective Communication"; (4) "Raising Consciousness About HIV/AIDS Among Farmworking Women"; (5) "Understanding the Facts About HIV and Other STDs"; and (6) "Los Consejos: How To Talk to Young Women about Sexuality." (Contains 11 references.) (SM)

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Nosotras viviremos. Los consejos:
(A Capacity Building Training Manual for Working with Latina Farmworking Mothers and Mentors of Girls)

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Los Consejos: A Capacity Building Training Manual
For Working With Latina Farmworking Mothers and Mentors of Girls

The National Coalition of Advocates for Students

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Nosotras Viviremos

Los Consejos:
A Capacity Building Training Manual for Working with Latina Farmworking Mothers and Mentors of Girls

The National Coalition of Advocates for Students

Nosotras Viviremos

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INTRODUCTION

HIV/AIDS in the Latino Farmworking Communities

Farmworkers are at high risk of HIV/AIDS. Studies have shown that their knowledge of HIV/AIDS is low, that they engage in behaviors that put them at risk, and that they may not be willing or able to protect themselves from these risks. Furthermore, historically, HIV seroprevalence in the United States has been higher among people who are isolated, marginalized, and economically and socially stigmatized. Poor access to quality health services and effective prevention education are "social co-factors" in the spread of HIV. Farmworkers are isolated from traditional sources of public health education by poverty; language and cultural barriers, and limited or disrupted access to health care. Often, they avoid disclosing their undocumented immigrant status for fear of deportation.

HIV seroprevalence studies of farmworking populations have shown disturbingly high levels of HIV infection and extremely low levels of knowledge about the disease. A 1990 South Carolina study found a 13% seropositivity rate among 198 migrant workers tested for HIV and syphilis at migrant labor camps.[1] Preliminary conclusions from a 1987 study found an approximate HIV seroprevalence rate of 0.5% in seasonal and migrant farmworkers.

In 1992, investigators found a rate of 5%, which was ten times greater than the rate of the previous study.[2]

A Georgia study indicated that 78.3% of Latino respondents had never used a condom. Condom use is heavily influenced by Latino religious and cultural practices. Not only do Catholics ban condom use because of issues associated with contraception, but a subtle link also exists between condom use and infidelity and prostitution. One study noted that women expressed feelings of shame and embarrassment about their partner's use of a condom.[3]

As heterosexually transmitted HIV continues its growth in the female population, young Latina migrant farmworkers face a much higher risk of HIV infection than do their male counterparts. In a study of 60 Latina farmworking women visiting a health center in Virginia, health care workers found that most did not know how HIV was transmitted, and that half of the young women between the ages of 15-24 years had lower knowledge scores than did women 25 years and older. A total of 52% did not know if drugs were available to treat AIDS; 58% did not know if a vaccine was available; and 39% answered incorrectly that you can get AIDS by being around someone who has it.[4]

HIV/AIDS is now the third leading cause of death among women of reproductive age. Latinas are one of the four groups of women with disproportionately high rates of infection. As the poorest and most isolated members of their population, a number of factors combine to make young Latina farmworking women particularly vulnerable to HIV infection. These factors are:

- A low perception of risk.
- Early age of first sexual intercourse.
- Lack of adequate health information, particularly regarding basic issues of female reproductive health and sexual development.
- Low rates of contraceptive/condom use.
- Culturally prescribed gender roles and behaviors.
- Female information sharing networks with inaccurate or inadequate information.
- Language barriers or limited language ability.

- Lack of knowledge about their partner's risk status.

In spite of these widely recognized needs, the National Commission to Prevent Infant Mortality identified in a provider survey that fewer than 25% of all HIV prevention programs specifically targeted farmworking women.[5]

The purpose of this project is to help build the capacity of organizations and staff to deliver HIV/AIDS education and prevention to farmworking female adolescents and women. NCAS project staff are available to train agency staff on delivering the contents of *Nosotras Viviremos* and to provide subsequent support and technical assistance.

How Nosotras Viviremos was Born

Nosotras Viviremos was developed by NCAS staff and consultants with expertise in public health; epidemiology; organizational development; program design, implementation, and management; international education and materials development. These women are from Puerto Rico, Brazil, Chile, and Mexico. The impetus for developing such a project was the lack of culturally competent educational materials and processes available for Latina girls and women. Given the incidence and prevalence rates of HIV/AIDS among Latinas, we felt that most available educational materials were not meeting the needs of this population and something had to be done within the context of communication and sexuality education to change this reality.

Farmworking women, pre-adolescent and adolescent girls from central and south Florida provided the substance for these manuals. They shared their lives, their experiences, their perspectives and their hearts. Their knowledge helped shape the content, order, and logic of these manuals. We dedicate these manuals to all of them and to the women who will benefit from their contributions.

The Theoretical Basis for the *Nosotras Viviremos* Curriculum and Prevention Intervention

Interventions must be built around an understanding of the behaviors, values, and cultures of the target populations. For Latina female farmworkers in the United States, an intervention must consider the nature of the farmworking lifestyle, legal status, the position of women in Latino society, intergenerational conflicts, the role of the mother in the Latino family, and acculturation issues.

To effectively create awareness (susceptibility to risk) among certain cultural groups, the creators of this curriculum recognized the need to gradually expose Latina women to information about HIV/AIDS.

Nosotras Viviremos is grounded in the Social Cognitive Theory and the Social Influence Interventions, and its methodology incorporates Paulo Freire's philosophy of dialogical education.

Paulo Freire, a Brazilian educator who became well known for his literacy work with peasants in Latin America and his worldwide acclaimed book "Pedagogy of the Oppressed," inaugurated an educational methodology rooted on action and reflection upon peoples' situation in the world. Freire asserts that "authentic education is not carried on by "A" for "B" or by "A" about "B," but rather by "A" with "B," mediated by the world—a world which impresses and challenges both parties, giving rise to views or opinions about it". [6] What he called problem-posing education is the process by which people come together as *teacher-students* and *student-teachers* to reflect simultaneously on themselves and the world in which they live to change it.

In a problem-posing or dialogical education, the program content of education must be relevant to the issues and things people want to know more about. In this sense, "one cannot expect positive

results from an educational or political action program which fails to respect the particular view of the world held by the people," [7] because, as Freire suggests, "only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue there is no communication, and without communication there can be no true education." [8]

In *Nosotras Viviremos* the issue of communication is central. We believe that women—both mothers and young girls—are empowered when equipped with information about their bodies and sexuality and when trained to perform an array of communication skills.

The Social Cognitive Theory is based on the premise that behaviors, environmental influences, attitudes, and beliefs are highly interdependent and interactive. Behavioral change is said to occur due to direct observation and interpretation of behavioral performances.[9] Social Influence Interventions seek out persons who are capable of influencing others and enlist them to disseminate an intervention to their friends and eventually their social networks.[10]

Social or Peer Influence strategies operate under the assumption that changes in social environments diffuse to affect individuals far removed from the original intervention activity.

In the *Nosotras Viviremos* manuals, these theories and approaches are integrated into a curriculum that includes: (1) information about reproductive health, sexually transmitted diseases, and HIV/AIDS prevention; (2) acknowledgement of cultural norms, attitudes, and behaviors with relating to sexuality in the in the Latino/Hispanic community; and (3) skills training. Importantly, the curriculum addresses intergenerational stresses between mothers and their daughters and how these affect effective communication between them. Addressing these stressors is crucial to bridging the gap that often acts as a barrier to effective parent-child communication and understanding.

***NOSOTRAS VIVIREMOS* OBJECTIVES**

By the end of the training program participants will learn:

- basic information about HIV/AIDS and other STDs.
- knowledge and skills on how to prevent HIV and other STDs.
- basic information about the female reproductive system.

OBJECTIVES FOR FEMALE ADULTS

By the end of the training program participants will be able to

- clarify values regarding sex and sexual decision making.
- communicate more effectively with pre-adolescent and adolescent girls about how to prevent HIV and other STDs.

OBJECTIVES FOR PRE-ADOLESCENT AND ADOLESCENTS GIRLS

By the end of the training program participants will be able to

- clarify social values about pressure and sexual decisions.
- use effective communication and negotiation skills to postpone sexual intercourse.
- use effective communication and negotiation skills for condom use.
- take pride and responsibility for choosing responsible sexual behaviors.

We hope that these training manuals will help farmworking women develop communication skills and confidence to pass HIV/AIDS prevention information on to their peers, family, and communities.

How to Use the Nosotras Viviremos Training Manuals

The *Nosotras Viviremos* curriculum consists of two (parallel) training manuals: one addresses the issues and concerns of farmworking mothers/mentors, and the other addresses the issues of pre-adolescent and

adolescent farmworking girls. Although both manuals share much of the same content, important distinctions exist between the two manuals. The mothers/mentors manual contains information on puberty and on the different human developmental stages. This information is necessary to understand what children are developmentally capable of at different ages so that mothers/mentors can provide messages accordingly and help support their developmental changes. Throughout the manual, the curriculum stresses and reinforces the need for effective and clear communication styles and skills building. The girl's manual focuses on skills building around communication, refusal and negotiation skills, learning about the body, HIV/AIDS, and STDs.

Each training manual contains six units, including basic HIV/AIDS/STD information, exercises, stories, and a set of handouts that can be easily reproduced and distributed to participants. These training manuals have been pilot-tested by skilled trainers and modified to incorporate participant feedback. These manuals were developed for use with Latina farmworking women and female youth but can easily be adapted for use with other Latinas.

We strongly recommend that this curriculum be implemented in the order it is presented and in its entirety. Although the content in some of the units can stand on its own and can be implemented individually, the manuals have been carefully organized to follow a progressive order and logic. They involve a pedagogical and affective process using self-reflection that builds on itself in and a sequenced approach. This approach touches upon the cognitive and affective domains in a way that recognizes and validates the participants' experiences to help them make sense of their experiences, beliefs, and values within the American context. The contents of the training manuals have been reviewed, edited and approved by the CDC's Division of Adolescent and School Health.

Participants go through a subtle process that assists them in exploring self-identity without assaulting personal experiences or values and using self-reflection to move toward an understanding of the need to address the reality of sexuality, HIV, and STDs in their lives. This process allows the participants to gradually become aware of HIV/AIDS prevention. It also allows mothers to develop and practice skills learned to help their daughters adopt and sustain healthy and safe sexual decisions.

We also recommend that each training manual or intervention be implemented in multiple sessions. A minimum of four sessions is needed, with each session lasting anywhere from two to three hours. You will find suggestions on how to manage the time of each session throughout the manual. The group should be kept small (fifteen participants/session) to allow for optimum participation and dialogue. We suggest that the six units of this training manual be divided into four training sessions in the following manner:

Session 1: Unit 1 (Getting To Know Each other and the program) and Unit 2 (Our Bodies).

Session 2: Unit 3 (La Comunicación: Strategies for Effective Communication).

Session 3: Unit 4 (Raising Consciousness About HIV/AIDS Among Farmworking Women) and Unit 5 (Understanding the Facts About HIV/AIDS and other STDs).

Session 4: Unit 6 (Las Destrezas: Skills Development for Young Females or Los Consejos: How to Talk to Young Females about Sexuality).

Each unit of the manual is preceded by goals (the expected outcomes and skills participants will develop from the activities presented in the manual); a list of topics that will be covered within the unit, and a materials list that outlines the supplies needed. Each unit contains several topics. Topic include objectives (the purpose for doing each activity), procedures (instructions for facilitators to follow and guide participants through a sequence of actions), activities, and processing questions (suggested questions that facilitators may ask to

promote critical thinking and further exploration of the issues presented in the activities). An assessment of learning is included at the end of each unit as a way to evaluate the program and help participants assess their own learning. While time estimates have been included at the beginning of each topic and activity, please be aware that these may take longer than planned. Given the sensitive nature of much of the material, it is important not to rush the group process.

Guiding Principles for *Nosotras Viviremos* Facilitators

We use the word "facilitator" to describe trainers and group leaders. Facilitating means teaching-learning from real life experiences and instructional activities that do not tell women what they should do. Facilitators help participants choose a course of action for themselves.

Nosotras Viviremos offers a unique opportunity to work with Latina mothers/mentors and youth on critical health issues within the context of sexuality education. Thus, facilitators should share a common philosophy about sexuality education and about the right of mothers and girls to have access to and obtain this information in a correct and clear manner. Facilitators must be able to deliver the content of these manuals comfortably and professionally.

The information presented in these manuals may be controversial and conflicting for the participants, many of whom may have conflicting or erroneous opinions based on fear, lack of information, or lack of exposure to and knowledge of sexuality-related issues. Facilitators are responsible for delivering correct information that will help clarify these conflicts. The facilitator's job is neither to change people's opinions about certain issues nor to express her own. Rather, the facilitator should establish the difference between fact and opinion and encourage participants to know the difference. To do this, facilitators should be comfortable with the information being delivered and feel at ease talking about issues related to sex and sexuality.

Nosotras Viviremos is based on the notion that sexuality is a natural and healthy part of living, that family members strongly influence children's sexuality, and that families can be good sources of information about sexuality.

Nosotras Viviremos requires culturally and linguistically competent facilitators who are knowledgeable about HIV/AIDS education and prevention. Facilitators who recognize and understand the issues Latinas face, including their experiences will best accomplish project goals. Although facilitators may not agree with these values, they must acknowledge and respect the experiences and values of the participants. Facilitators will be trained to be aware of the impact that their words and attitudes may have on participants.

Strong facilitation skills are necessary to achieve the goals of this curriculum. Only individuals trained by NCAS staff and consultants are certified to effectively deliver the Nosotras Viviremos training curriculum.

Nosotras Viviremos offers one approach to address the issues relevant to health, sexuality, and HIV/AIDS prevention in the Latina community. Although we encourage fidelity to the contents of the curriculum, we understand that each community will need to decide on the best approach. The approaches selected should be consistent with community needs, norms, values and diversity. Feedback and suggestions that will enhance these materials are welcomed and considered.

Addressing Issues of Sexual Abuse

Most HIV education and prevention efforts assume that all sexual activity is consensual, pleasurable, and voluntary. This assumption drives most prevention campaigns that include slogans such as, "Just Say No" or "Respect Yourself." These campaigns focus

mainly on the pleasurable aspects of safer-sex practices and on individual decision making. Sex-positive images and messages are important, but they exclude many women and female youth who do not feel empowered in their sexual experiences. Their sexual experiences may include consensual relationships that are not pleasurable and non-consensual relationships that allow no room for negotiation. Furthermore, these interventions often miss the point by making women solely responsible for safer sex practices (condom use) that they do not control and that require male compliance.

In our work with female youth and women, it is especially important to remember that for females not all-sexual behaviors are consensual, voluntary, or pleasurable. In fact, one in every three girls is sexually abused by the age of 18. This fact guarantees that someone in your group is being or has been sexually abused. Most sexual abuse is perpetuated by someone close to the woman or youth (i.e., parent, other family member, or family friend).

HIV and sexuality education can be uncomfortable and threatening. The ability to acknowledge one's sexuality, the possession of a sense of empowerment and self worth, the ability to state one's feelings and needs, to trust others, and to set limits and personal boundaries with others are all necessary factors for developing and maintaining healthy sexual lives. Issues of shame, guilt, low self-esteem and powerlessness may make it difficult for victims or survivors of sexual abuse to translate the protective information into behavioral change.

The language used in HIV and sexuality education may trigger feelings about present or past abuse that may lead to emotional and physical distress. Penis models and other sexually explicit materials used in traditional HIV education can be potentially troublesome for women and female youth with a history of sexual abuse.

Many victims and survivors may use drugs to numb the reality of what is happening to them. It is important to understand that while the use of drugs is a high risk factor for HIV transmission, the use of drugs may also be a protective behavior against suicide or self-mutilation. Issues of drug use and abuse should be addressed effectively, sensitively, and non- judgmentally.

Nosotras Viviremos facilitators acknowledge that many female youth and women have been abused and that this abuse plays an enormous and significant role in their ability to effectively and consistently prevent the transmission of HIV and STDs. When the reality of sexual abuse is not acknowledged, girls and women may leave your session more confused, guilty, and alienated than before and be less likely to use critical prevention information.

Below you will find some suggestions for incorporating the issues of sexual abuse and non-consensual sex into the work of the *Nosotras Viviremos* HIV Education and Prevention Project. The will ensure that your sessions are sensitive to and inclusive of many women's experiences.[11]

- Assume that every group has participants that have been or are currently victims of sexual abuse and non-consensual sex.
- Understand and accept that some of the participants may currently be engaging in behaviors that put them at risk for HIV infection.
- Establish ground rules or boundaries of safety. Acknowledge that the content of the sessions can bring up uncomfortable feelings for participants. Let the participants know that there are no good or bad feelings. All feelings are 100% okay. Affirm that feelings can come up before, during, or after the sessions. Urge participants to take care of themselves (i.e., leave the room and return when they feel comfortable).
- Make a list of local resources available.
- Let the participants know from the beginning what sexual terminology will be used throughout your sessions (i.e., penis, vagina, oral sex, vaginal sex, etc.). Also disclose the specific content of

the sessions (i.e., condom demonstration using a rubber penis, fingers, etc.).

- *Nosotras Viviremos* strongly suggests the use of fingers for condom demonstrations. The use of realistic penis models as well as explicit sexual language and the discussion of sexual activity can trigger intense discomfort, feelings, memories, or disassociation for survivors or victims of sexual abuse.
- Reaffirm and acknowledge feelings throughout the sessions, especially throughout the discussion of sexual transmission and prevention.
- Avoid focusing on terms such as sexual abuse, incest, rape, and date rape. For many, these labels are threatening. Often, survivors and victims do not identify what has happened or what is currently happening as abuse. Instead, use less threatening terminology such as "forced sex," "sex we didn't choose," "sex because you feel obligated." The use of this language allows participants to identify with their own behaviors and experiences without judgement or threat.
- Avoid language that labels sexual behavior. Do not use words such as "promiscuous," "slut," "easy," or "prostitute." These labels trigger feelings of shame, especially for survivors who have been verbally abused.
- Focus on feelings and behaviors. Give issues a context (i.e., "Some of us have been out on a date and been forced to have sex that can put us at risk for HIV infection.")
- Avoid easy prevention slogans and statements that convey blame, shame or guilt.
- Pay attention to the process of each workshop and to how the information may be affecting the individual participants in your sessions. Incorporate (without judgment) the behaviors of some survivors and victims that inhibit HIV prevention into teaching exercises and role-plays.

A Word About the Writers and Collaborators

Antonieta Bolomey, M.Ed., was born and raised in Chile. She holds a Bachelors Degree in Psychology and a Masters Degree in Organizational Development. She is currently a doctoral candidate in International Education at the University of Massachusetts Amherst. She has broad experience in women and development training projects and research. As the former project coordinator of *Nosotras Viviremos*, she carried out relevant qualitative research, laid the foundation for the curriculum, and wrote much of its content.

Rosie Muñoz-López, MPH., grew up both in New York and Puerto Rico. She has a Bachelor's Degree in Sociology and Women's Studies, and a Masters Degree in Public health. She started her career as a recruiter and organizer for a migrant-children's program in Hartford, Connecticut. She lives in Boston and is currently the project director of *Nosotras Viviremos*. She has extensive experience developing and managing women's health projects locally and in Latin America. She conceptualized and designed this intervention and wrote much of the content. She also coordinated the resources necessary for the realization of *Nosotras Viviremos* and secured long-term support for this project.

Gabriela Ramírez-Garnica, MPH., was born and raised in Mexico and has lived in the United States since 1978. She is the Florida-based Training Coordinator for *Nosotras Viviremos*. She is currently the chairperson for the HIV Community Planning Partnership 7 in Central Florida and serves as the behavioral science at large member of the statewide Florida Community Planning Group. She is currently a doctoral candidate in epidemiology in the Department of Epidemiology and Biostatistics at the College of Public Health, University of South Florida. She facilitated the pilot sessions that informed the

development of these manuals, and contributed her knowledge and ideas to the writing of the *Nosotras Viviremos* manuals.

Flávia S. Ramos, Ed.D. was born in Brazil and is currently an educational and materials development consultant in the Washington D.C. metropolitan area. Her academic background includes a B.F.A. in Art Education, Masters and Doctoral degrees in International Education from the University of Massachusetts Amherst. She has extensive research and training experience in the United States, Latin America and Africa. She created the illustrations and graphic design of the *Nosotras Viviremos* manuals and assisted in the development of the curriculum.

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The unit on communication was adapted from the *Becoming a Responsible Teen* (BART), an HIV Risk Reduction Intervention for African American Adolescents by Janice St. Lawrence, Ph.D.

Martín García from The Latino Lesbian and Gay Organization (LLEGÓ) provided us with guidelines for the section on sexual orientation.

Douglas Kirby's *Characteristics of Effective Programs* were considered in the development of this curriculum.

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1

TEAM BUILDING: GETTING TO KNOW EACH OTHER AND THE PROGRAM

GOALS

The activities presented in this unit will help participants get acquainted with one another and the facilitators. They will also set the tone of the entire program. The facilitators will provide a brief overview of program goals, help participants develop a group climate of trust and respect, establish group ground rules, and work together as a team.

TOPICS

1. GETTING TO KNOW EACH OTHER (40 MINUTES)
2. INTRODUCTION TO PROGRAM GOALS, OBJECTIVES, AND ACTIVITIES (30 MINUTES)
3. SETTING PROGRAM EXPECTATIONS (15 MINUTES)
4. ESTABLISHING GROUP GROUND RULES (15 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Name tags
- ❑ Box with cut out pictures from magazines and other objects
- ❑ Radio, cassette tape, or compact disc player (optional)

GETTING TO KNOW EACH OTHER

This topic has three activities. It should take about 40 minutes in total.

OBJECTIVES

- Introduce participants and facilitators to each other.
- Obtain insight of participants' self-perceptions as women.

NOTE TO FACILITATOR

Before initiating this activity, think about how the participants may feel about taking part in this training. Do they know each other? Have they attended other trainings before? Will they feel shy or suspicious? It's natural for some women to feel uneasy in a classroom situation.

SETTING THE CLIMATE

This activity should take about 10 minutes.

PROCEDURES

- Make the training room friendly and warm—you might have music playing and the room decorated with posters on the walls or flowers on the table.
- When the women finally arrive, welcome them warmly and give them name tags or stickers on which they can write their names. Offer some refreshments, and let participants help themselves. Arrange the room so that you and the participants are sitting in a circle facing each other. After everyone is seated in the circle, explain that the purpose of this activity is to get to know something about each other and about the program. Introduce yourself to the group. Give them some of your background and your interest in teaching sexual health. Ask the participants if they have any questions before you begin the activity. Put up the following information on a chart for everybody to see.

The name of the program
The name of the facilitators
The date

NAME GAME

This activity should take about 5 minutes.

PROCEDURES

NOTE TO FACILITATOR

To help the group relax, start things off by getting participants "into motion." This approach will communicate at the outset that your program is going to be a fun and participatory one. For example, you may introduce the following icebreaker: ***Ball Toss***, as a name game.

- Form a circle of all participants and facilitators, everyone standing.
- One person tosses a ball or any other object that is light and round to another person in the circle, calling out that person's name before making the toss.
- Repeat the process until everyone's name has been called out. Two or three tosses are adequate to familiarize everyone with participants' names.

WHO WE ARE

This activity should take about 25 minutes.

PROCEDURES

- Ask participants to form groups of three; to go outside the room or around the building and find something that can be a symbol of a woman, female adolescent, or girl (you may also bring a box with enough objects or pictures for participants to select from as a back-up plan); to bring that object back in five minutes.
- Tell them to:
  - "Think a moment about yourself as a woman. Reflect on your role as a woman in your social group."
  - "What is it like to be a woman?"
  - "Now draw a picture of this woman you see in your mind in a graphic or symbolic way. If you don't want to draw an image of a woman, you can choose an object or picture or whatever else comes to mind. Be as creative and imaginative as you want in depicting a woman."
  - "Share your drawings or objects with two other women in a trio."
- Have the participants rejoin the large group and share their thoughts.

INTRODUCING PROGRAM GOALS, OBJECTIVES, AND ACTIVITIES

⏳ **This topic should take about 30 minutes.**

OBJECTIVES

- Present the goals of the program and how they were developed.
- Present an outline of the program objectives and activities.

PROCEDURES

❖ Give a brief overview to explain how *Nosotras Viviremos* was developed. Share the following information with your group:

"This program was designed by and for Latina adolescent girls and women with two goals in mind. One was to offer the necessary information and skills to prevent sexually transmitted diseases, including HIV infection, and the second goal was to increase communication skills so that Latinas can pass this information on to future generations of girls, daughters, friends, and sisters. The content of the program was developed after talking to several groups of Latina farmworking mothers, pre-adolescents and adolescents about what they wanted to learn and how they wanted to learn this information."

❖ Share with participants some of the issues that other farmworking mothers and mentors and adolescent girls have expressed before (see table below).

Some of the Issues that Mothers Expressed	Some of the Issues that Girls and Adolescents Expressed
• They want to educate, "aconsejar," pre-adolescent and adolescent girls but are not certain about what type of information is age appropriate. • When the mothers were growing up, most of the women had to learn about their body changes, sexuality, and health by themselves. Even now, they have few or no mentors that they can use as role models of women who talk with pre-adolescent and adolescent girls about sexuality and health. • Many of them said that talking about sexuality was extremely shameful, difficult, or painful. They were taught not to think, talk, look at (television), or read anything regarding sexual issues.	• They want to receive information and "consejos" about sexual development, body changes, sexually transmitted diseases, and HIV from their mothers. • They said that these "consejos" should be given to girls very early (seven, eight, nine years old). • They are afraid to ask their mothers or family members questions about sexual development because they feel ashamed and are afraid that their mother may think they are sexually active and restrict their lives. On the other hand, they want to talk about these issues with their mother or other adult women who they can trust.

❖ Tell participants that:

"All these feelings and concerns are valid and normal. Many Latinas were not raised to talk openly about sexuality and many had to learn on their own how to stay sexually healthy. However, as you know, sexually transmitted diseases put our health and our children's health at risk. To prevent becoming infected with these diseases we need to educate ourselves about how to prevent HIV infection and other STDs."

❖ In advance, copy the following objectives onto newsprint (You may share with mothers the objectives for the adolescent girls). Present the list to the group.

NOSOTRAS VIVIREMOS OBJECTIVES

At the end of these training sessions you will have learned:

- Basic information about HIV/AIDS and other STDs.
- How to prevent HIV infection and other STDs.
- Basic information about the female reproductive system.

Objectives for Women

At the end of these training sessions you will be able to:

- Clarify values regarding sex and sexual decision-making.
- Communicate more effectively with pre-adolescent and
- adolescent girls about how to prevent HIV infection and other STDs.

Objectives for Pre-Adolescent and Adolescents

At the end of these training sessions you will be able to:

- Clarify social values about pressure and sexual decisions.
- Use effective communication and negotiation skills to delay sexual intercourse.
- Use effective communication and negotiation skills for condom use.
- Take pride and responsibility for choosing responsible sexual behaviors.

❖ Explain that to meet these goals and objectives, they will need to participate in the following set of activities. Copy the following chart and briefly explain each activity.

***Nosotras Viviremos* Topics for Female Adults**	***Nosotras Viviremos* Topics for Pre-Adolescent and Adolescent Girls**
1. Team building: getting to know each other and the program.	1. Team building: getting to know each other and the program.
2. Our Bodies: Basic information about female and male reproductive anatomy, and the sexual development of girls.	2. Our Bodies: Basic information about female and male reproductive anatomy, and the sexual development of girls.
3. *La Comunicación*: Strategies for effective communication.	3. *La Comunicación*: Strategies for effective communication.
4. Raising consciousness about HIV/AIDS among farmworking women.	4. Raising consciousness about HIV/AIDS among farmworking women.
5. Understanding the facts about HIV and other STDs.	5. Understanding the facts about HIV and other STDs.
6. *Los Consejos*: How to talk to young women about sexuality.	6. *Las Destrezas*: Skill development for young women.
✨ Program Synthesis: An Integration of Knowledge, Motivation, Attitudes and Skills	✨Program Synthesis: An Integration of Knowledge, Motivation, Attitudes and Skills

SETTING PROGRAM EXPECTATIONS

This topic should take about 15 minutes.

OBJECTIVE

To clarify participants' expectations.

PROCEDURES

Ask participants the following questions:

- "What would you like to learn in these training sessions?"
- "What are your overall expectations from this program?"

NOTE TO FACILITATOR

Information about participant's expectations will enhance this program by making it learner centered. If expectations are significantly different from program objectives, you will have to negotiate the goals and explain again the objectives of the program.

ESTABLISHING GROUP GROUND RULES

⏳ **This topic should take about 15 minutes.**

OBJECTIVE

➢ To create a climate of trust and respect.

PROCEDURES

❖ Ask participants the following questions:

- **"How can we develop a climate of trust, respect and safety?"**
- **"What would help people feel comfortable participating in and learning the information presented in this workshop?"**

❖ Ask participants to think about a situation where they enjoyed learning something new.

- **"What was the situation?"**
- **"How did you feel?"**

❖ Ask participants what group rules should be created for them to feel safe in the training sessions. Ask participants to help you develop the list of rules. Stress the importance of respect, confidentiality, and listening. Write down the rules on a chart. After the list is ready, make sure each participant understands the rules.

❖ Put the list on the wall and use it to remind participants if needed.

EXAMPLE OF GROUP RULES

- Confidentiality.
- Respect.
- Listening.
- Privacy. What people share in the group is private and should not be discussed outside the group.
- Accept that we are all different and learn in different ways.
- One person should speak at a time.
- If someone talks too much, she should allow time for others to talk.
- Respect the silence of others.
- Even if you disagree, respect what others say.
- Do not laugh at others.
- Feel free to ask any question.
- Be on time.

NOTE TO FACILITATOR

Add other appropriate rules that group members might want. It is a good idea to end the first session with music and refreshments in order to give the participants more opportunity to get to know each other better.

2

OUR BODIES

GOALS

This unit contains basic information about the female and male reproductive anatomy and its relation to health, gender, puberty, and sexual identity and orientation. The facilitators will serve as guides for what to do and what to discuss. They will help participants develop an understanding of these topics. Participants will learn basic information about reproductive health. The unit encourages women to feel normal and natural about their bodies, sex, and sexuality.

TOPICS

1. HOW DOES MY BODY WORK? (60 MINUTES)
2. UNDERSTANDING PUBERTY (30 MINUTES)
3. SEXUAL IDENTITY AND ORIENTATION (30 MINUTES)
4. ASSESSMENT OF LEARNING (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Model of "Alex"
- ❑ Construction paper
- ❑ Scissors
- ❑ Glue
- ❑ Pencils
- ❑ Copies of handouts for participants

HOW DOES MY BODY WORK?

This topic should take about 60 minutes.

OBJECTIVE

To help women gain awareness and information about how their bodies develop.

NOTE TO FACILITATOR

Before starting this activity read the following instructions on how to make "Alex". Here are some easy, cost-effective suggestions that have worked for us with this exercise:

- Alex should be created before the session.
- Feel free to be creative (draw, color) as long as the objectives for this section are met.
- Take handout 2.1 (Alex) to a copy center and have two enlargements made to about 4 feet tall and 3 feet wide (4 ft x 3ft).
- Take handouts 2.4 and 2.5 and have enlargements made. Cut out body parts.

PROCEDURES

- Explain that body awareness is essential for maintaining good health, for detecting signs of disease or illness, and for protecting ourselves from disease.

DISTRIBUTE COPIES OF HANDOUTS 2.6.A AND 2.6.B

- Introduce "Alex." Explain that Alex can be created as a woman or a man. Divide the group into two teams and distribute the body parts that have check marks beside them on handouts 2.6A and 2.6B. One group will have the male body parts; the other will have the female body parts. Give one body part to every two people so that within the two teams, pairs work together. Explain that each team is to place the body parts in the appropriate place on the body. Emphasize that it is all right for participants to be stumped by the identity of the body parts. Remind participants that very few of us are taught to recognize the shapes of our internal parts.
- Have each team place their body parts on "Alex" and discuss. Then add the other parts that are not checked and briefly discuss these parts.
- Team members should consult with each other to decide which part they have been given and where it goes on "Alex." Ask the team to position their part and explain the part's role in reproductive and sexual functioning. Encourage group members to share other names for the body part.

REFER TO FACILITATOR'S HANDOUTS 2.2 AND 2.3 FOR CORRECT PLACEMENT OF BODY PARTS

- Lead a discussion on how awareness of one's body can change how one takes care of it. Explain how taking care of one part of self leads to caring for other parts of self.

- Discuss ways health care and human service providers can encourage women to gain basic health and body awareness. For example, offer a group meeting on women's health issues or display information from women's centers or Planned Parenthood.
- Conclude the discussion of body awareness by emphasizing that becoming aware of and comfortable with one's "private parts" is the first step toward discussing and negotiating safer sexual activities. For sexual activity to be mutually satisfying both same-gender and opposite-gender partners need to communicate with each other about sexual preferences and desires. Some women may be in relationships where there is a threat of violence and may not be able to communicate openly.
- Explain that some women do not reach orgasm by intercourse alone and that this is not a reason for a woman to falsely assume that something is wrong with her, or her male partner may assume that she is satisfied because he is. State that the best way we become aware of our body parts is to explore them. "**If you feel comfortable, go home and look at your body carefully.**" Use a hand-held mirror to view the vaginal area.

UNDERSTANDING PUBERTY

⏳ **This topic should take about 30 minutes.**

OBJECTIVE

- Present basic information about physical and emotional changes that are likely to occur during puberty.

PROCEDURES

- Tell participants that:

  "We will now review a stage of development called puberty. We will learn basic information about what changes are likely to occur at different ages. What we will review are some of the most common changes that occur during puberty so that they can be supportive to their daughters during these critical stages of development"

- Stress that everyone is different and may experience these changes at different times or in different ways.

- Ask participants to define, in their own words, what puberty means. After participant input, provide the following definition.

  "Puberty is a natural, age-related change that marks the time when you are first able to reproduce. It represents a time of social, physical, and emotional changes that are difficult for many young women and for their parents."

- Tell participants:

  "Knowing about these changes and what we can expect during this time will help us understand and be sensitive to and supportive of what our adolescent girls are experiencing. "

- Present the following facts about puberty. Allow approximately 10 minutes for each of the following subjects.

Social Changes

- Boys may begin to show more interest and care in the way they look and dress; they may want to begin to grow a mustache. Girls may want to begin wearing makeup, different kinds of clothing, and jewelry. They may also want to begin to date and socialize with opposite sex peers.
- Both boys and girls may want to begin to go out and hang out, get their driver's license, go to parties or dances, or join clubs.
- Remind participants that everyone is different and that everyone may not reach puberty at the same time. The stages of puberty are the same and many young women begin to experience changes between the ages of 9-13 years. However, great differences exist in the timing of puberty for everyone. Girls often begin puberty 2-3 years before boys.
- Boys may begin puberty as early as 10 years old or as late as 15 years old; girls may begin as early as age 8 or as late as age 14.
- On the average, puberty begins about 1 to 2 years earlier among girls than among boys.

Female Growth Development

- A growth spurt usually signals the first signs of puberty in girls. This can begin among young women aged 8-12 years.
  - At this time the pituitary gland signals the ovaries to start producing estrogen, a hormone that triggers the growth spurt.
  - Head, hands, and feet are the first parts of the body to reach their mature size. Girls may worry about the size of their feet, but the rest of the body will soon catch up.
  - Girls lose less of their body fat than do boys, which gives them a rounder appearance.
  - Girls may experience a stage of awkwardness because various parts of their body grow at different rates.
- Breast development usually begins soon after the growth spurt.
  - Development usually begins with a swelling of the nipples.
  - Breasts usually fill out over a period of 3 to 4 years.
  - Breasts may feel tender and sensitive.
  - One breast may grow faster than the other. Breast size will usually even out although one may remain slightly bigger.
  - Sometimes a milky fluid is secreted from the nipples.
- Filling out of the hips is usually the next step in development, as the rest of the body becomes more rounded and curved.
- Pubic hair appears soon after the breast development begins.
- The final event in the development sequence is the onset of menstruation (menarche, or period).
- By the age of 15 or 16 years, most young women have completed the physical changes of puberty.
  - Hips and pelvis have widened.
  - Breasts have filled out.
  - The body is rounded and curved.
  - Growth slows down.
  - Body hair is evident
  - The menstrual cycle has begun.

Other Changes

- Sweat glands become more active, especially under the arms. Most people will find it necessary to use deodorant.
- Many young people will experience problems with acne.
- The production of hormones will prompt sexual thoughts and daydreams in most young people; there is heightened awareness of sexual attraction. Both boys and girls may experience sexual excitement from simply watching or being near someone to whom they are attracted. They may not understand that the emotions they feel are sexual in nature.
- Sexual fantasies are common at this time.
  - Some parents feel that this is a natural stage of development and not a matter of concern.
  - Other parents feel that some daydreams or fantasies are not wrong but others are.
- In general, boys and girls become more interested in each other during puberty. Although sexual interest and thoughts are common, it is also quite normal to be sexually concerned, especially in the early years of puberty.
- Puberty is also a time of great mood shifts for most people.
  - Young people may feel discomfort with the changes in their bodies and feel self-conscious and emotionally distressed.
  - Mood shifts may be quick and unpredictable.
  - Crying over seemingly small matters is common for both boys and girls. It is nothing to be ashamed of.
- Increased feelings of independence are part of the normal development in adolescence.
  - Shifts between mature and childish behavior are common.
  - Relationships with parents will begin to change as young people assert their independence, which sometimes causes difficulties between youth and their parents.

*Adapted from "*La Sexualidad*" Curriculum Unit. Raptis Picco, Elizabeth. Latino Family Life Education Curriculum Series. Network Publications, a division of ETR Associates. Santa Cruz, CA 1990.

SEXUAL IDENTITY & ORIENTATION

⌛ **This topic has 2 activities. It should take about 30 minutes in total.**

OBJECTIVES

➢ To provide information and increase sensitivity about sexual orientation and sexual identity.

VISUALIZATION

⌛ **This activity should take about 10 minutes.**

PROCEDURES

❖ Have participants close their eyes. Tell them that you are going to guide them through an imaginary exercise. Wait until participants have closed their eyes and appear relaxed.

Visualization

"You are a young person. Your friends are all dating. You have met someone that you really like. You feel very excited and happy. Your friends, who are also dating, share their stories with you. You want to tell them about the person you are dating, but you are afraid. You are afraid to even tell them that you are dating because they will want to meet the person. You make up stories; you feel left out because you cannot share your story with them. When you go out on a date with this person, you want to hold their hand but you are afraid so you try to walk far from them. When you go out to dinner, you look into their eyes but you catch yourself and you look away, again afraid. You want to tell your family that you are so happy with this person but you are afraid. When someone invites you to a party or to a family gathering you want to bring that person but you do not because you are afraid. When people ask you whether you have a love interest, you lie because you are afraid."

❖ Once you have finished narrating the story, ask participants to open their eyes. Wait a couple of seconds before asking the following questions.

PROCESS QUESTIONS

- How did this make you feel?
- Why did you feel this way?
- Have you ever felt this way?
- Do you ever want to feel this way?

❖ Ask participants to share their feelings. Tell them that this is the way that gay and lesbian people feel a lot of the time.

❖ Tell participants that in this section we are going to be talking about *sexual orientation*. First, it is important to understand the language that is used when talking about human sexuality.

- Ask participants to define the words: *sex, sexuality, sexual behavior, gender,* and *sexual orientation.*
- Provide them simple explanations if they are not familiar with these terms (for example, Sexual orientation refers to whether a person is heterosexual, homosexual, or bisexual).
- Tell participants that:

  "This section is extremely important because it helps us understand where our fears, our beliefs, and attitudes come from when we talk about homosexuality and bisexuality. For many of the youth who are struggling with issues of sexual orientation, having a person who has the correct information and who can provide nonjudgmental support is extremely important especially when considering safe-sex options. The realization of a homosexual or bisexual orientation can be difficult for many youth. They may be terrified of telling their family because they are afraid of being kicked out of the house or of being punished or rejected. Feelings of desperation, rejection, or low self-esteem because of the realization that one may be gay or lesbian may lead to suicide or to sexual decisions that are not healthy.

  Gay, lesbian, and bisexual youth are often humiliated, mistreated, made fun of, and even beaten. It is a fact that violence against gays and lesbians is very common. Some gays and lesbians have even been killed. Although parents may find it difficult to realize that their child may be gay, lesbian, or bisexual, parents should provide their children with the correct support and help them make healthy sexual decisions. Parents sometimes blame themselves or each other when they find out that their child is gay, lesbian, or bisexual, but a person's sexual orientation is no one's fault. No one knows why a person is homosexual or why a person is heterosexual."

  Jokes, or "chistes", in our communities perpetuate many of the stereotypes that we have about homosexuals. Some of these stereotypes may be based on "feminine boys" and on "masculine girls." Some homosexuals may fit this stereotype, but many do not. It is the experience of many Latino cultures that gay boys are not really boys and that lesbians are not really girls. These attitudes are wrong and they do nothing to help young people develop a healthy self-esteem and make healthy sexual choices.

  Gay and lesbian youth are at particular risk for HIV/STDS. Most sex education classes present curricula that assume that everyone is heterosexual. Not only does this type of sexual education neglect the needs of these youth, it reinforces the notion that they are no good, sinful, or sick. Many gay and lesbian youth have no help growing up as who they are. Although we may not agree with a person's sexual orientation, we should examine our own assumptions, stereotypes, judgments, and attitudes about people's sexual orientation."
- Divide the group into three (evenly if possible). This can also be a brainstorm exercise.
- Distribute a sheet of newsprint to each group. One person writes down the group responses.
- Read the following questions aloud and ask the groups to respond to all of them. Limit the response to one or two per questions, or you may ask each group to answer a given number of questions

BEST COPY AVAILABLE

PROCESS QUESTIONS

- What are the first three words that come to mind when you think about the word HOMOSEXUAL?
- What are the first three words that come to mind when you think about the word LESBIAN?
- What is the first image that comes to mind when you hear these words?
- Think back as far as you can to the first time you heard some of the words you wrote down on your paper.
- Think about one or two early messages you received about lesbians.
- Write down three ways that you think life is different for lesbians.
- What are some of your concerns about having a friend, daughter, sister, or other who is lesbian?
- How do people's appearance affect your judgment?
- Is your judgment affected by stereotypes?
- Has anyone ever made assumptions based on your appearance?
- How could your assumptions, attitudes, and beliefs affect a person's sexual safety?

❖ Have all the groups share their responses. Do not respond to any of their comments. After the participants share their responses, engage the entire group in the following discussion.

❖ Tell participants:

"We have talked about sexual orientation and some of the myths, feelings, perceptions, and stereotypes that we have about gays, lesbians, and bisexuals. Next, we will learn the facts about sexual orientation and encourage you to use this information to talk to your children about these issues."

DISTRIBUTE COPIES OF HANDOUT 2.7

❖ Tell participants that the information in the handout is developmentally appropriate. The levels correspond to the age of the child. Encourage them to use these guidelines when talking with their children about sexuality and sexual orientation.

❖ Remind participants that they may not necessarily agree with gays, lesbians and bisexuals. What is important is that they respect other's rights to live their lives.

NOTE TO FACILITATOR

Provide participants with the telephone number for the local gay and lesbian center.

REFLECTION EXERCISE

⏳ **This activity should take about 10 minutes.**

PROCEDURES

- Ask parents to close their eyes and think about their experiences going through puberty.
- Ask them:
  - **"What happened?"**
  - **"How did you feel?"**
  - **"How did the adults treat you during this time?"**
  - **"Was it a pleasant or unpleasant experience?"**
  - **"How could it have been better?"**
- Allow some time to think about these questions. Then ask: **"With what you know, what can you do to make it a better experience for your daughter?"**
- Allow more time for sharing.

ASSESSMENT OF LEARNING

This topic should take about 15 minutes.

PROCEDURES

- End the session by asking participants to respond to the following questions. You may lead the discussion in a "brainstorming" style. Address the questions to the large group and jot down participants' opinions on the newsprint.
  - **What is the most important thing you learned in today's session?**
  - **What concerns do you have about the session?**
  - **What might have made the session more effective?**

NOTE TO FACILITATOR

Record and save participants' feedback for program evaluation purpose.

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Nosotras Viviremos

3

LA COMUNICACIÓN: STRATEGIES FOR EFFECTIVE COMMUNICATION

GOALS

This unit presents a culturally sensitive framework to organize and make sense of new information about sexuality. The activities combine skill practice and information sharing. Participants will learn about effective communication and how to talk about sexuality in ways that are positive and nonthreatening. Facilitators and participants together will validate and analyze the issues and contradictions that Latina girls, adolescents, and women face when they talk about sexuality.

TOPICS

1. "I FEEL ASHAMED." TALKING ABOUT SEXUALITY AND FEELING SAFE (20 MINUTES).
2. BRIDGING CULTURES (15 MINUTES).
3. VALIDATING CULTURALLY SHAPED FEELINGS (5 MINUTES).
4. LA COMUNICACIÓN: PRACTICING EFFECTIVE COMMUNICATION STYLES (130 MINUTES).
5. ASSESSMENT OF LEARNING (10 MINUTES).

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Copies of handouts

"I FEEL ASHAMED." TALKING ABOUT SEXUALITY AND FEELING SAFE

This topic should take about 20 minutes.

OBJECTIVES

- Create a new way of talking about sexuality among Latinas.
- Learn basic information about sexuality that helps females have healthier sexual lives.

PROCEDURES

- Explain that for many Latina girls and women it is difficult to talk openly about sexuality. The experience is different for everyone as it was found during the interviews with women and girls. Share with participants what other women have said.

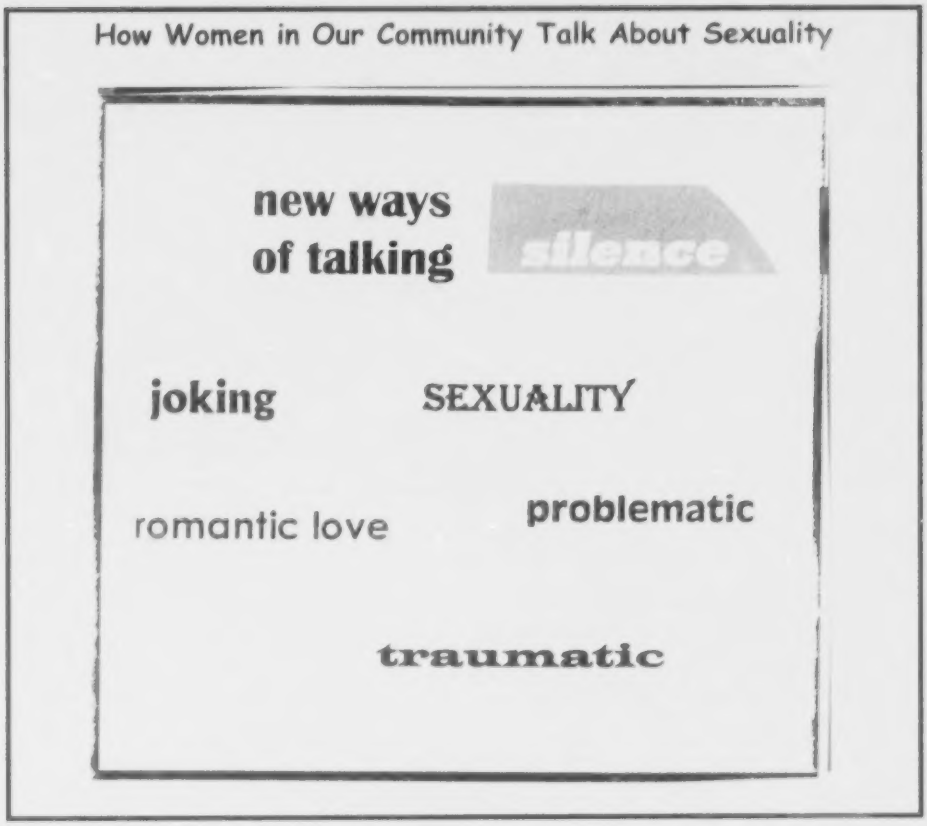
  "Some of the women and adolescents that we talked to said that they "never talked about that," others reported that they have tried, but felt shame, lack of courage, and pain just to think about the topic. Another issue raised was concern about what the family, neighbors, and friends ("el que dirán") will think and say if they know that they are talking about sexuality. A small group of Latinas said that they do talk about sexuality with sisters, cousins, mother, daughters, close friends, teachers, and nurses."

ON NEWSPRINT, COPY HANDOUT 3.1

- Present and discuss the chart *"How Women in Our Communities Talk about Sexuality"* (see next page) with participants.

PROCESS QUESTIONS

- What is missing from this picture?
- Are there other ways we can talk about sexuality?
- What kinds of conversations should women have so they can have healthy sexual lives?



- On newsprint or the board, draw a line with a positive sign on one end and a negative sign on the other. Explain that female conversation around sexuality can be very positive (as in romantic love) or can refer to very negative or painful situations when traumatic or problematic events are discussed.
- Acknowledge that these ways of talking about sexuality are real and important. However, we also need to develop new ways of talking about sexuality. This new way of talking about sexuality should help females of any age protect themselves and live healthy sexual lives. Explain that we are talking about conversations in which sexuality is discussed in positive and realistic ways.

(+)_____(-)

POSITIVE	REALISTIC	NEGATIVE
Romantic love	Positive	Traumatic
	Presents the facts about sexual behavior	Problematic
	Recognizes that women have the right to information	Shameful
	Teaches females how to live healthy lives and be happy	Dirty

- Finish this section by stating that in this training program we intend to create a new way of talking about sexuality among Latinas. The purpose is to learn basic information about sexuality that helps females have healthier sexual lives.

BRIDGING CULTURES

⏳ **This topic has one activity. It should take about 15 minutes in total.**

OBJECTIVE

- Provide participants with a cultural framework to understand the context from which both mothers and daughters speak.

PROCEDURES

- Introduce this section by explaining that different cultures and families address sexuality education differently. Ask participants to give you some examples. Do not attach value judgments to the examples provided. Tell the group that we are not here to judge others. What is important is to understand the diversity of views about sexuality and the way in which that is communicated.
- Add that every culture communicates norms and taboos about sexuality. In the United States, a wide range of views exists about sexuality (norms, behaviors, attitudes, taboos, how people talk about it). This is because people come from different countries or have different cultural backgrounds.
- Read the following dialogue between a Latina mother and her daughter. They live in the United States and are talking about the difficulties they have when discussing sexuality topics.

LATINA MOTHER & DAUGHTER DIALOGUE

⏳ **This activity should take about 5 minutes.**

PROCEDURES

- Read the following dialogue aloud. Discuss when finished.

Mother: **"In my eyes you are still my little girl. I want you to be happy; I want to protect you about *certain* things in life that can be very painful. I have been taught that the less you know about *these things* the less you will suffer. My mother never talked to me about *these things* either. Our tradition is not to talk to our children about *these things*. I am afraid that if you *know* too much, your reputation will suffer. People might think that if you know, it is because you have had sex. If this is the case, some people might want to take sexual advantage of you."**

Daughter: **"Mother, look at me. I am not as little as you think. I have seen and heard more things than you saw or heard when you were my age. I know that you want the best for me, but my life is different from your life, from when you grew up. I have so many questions, but I am afraid to ask. I am afraid to ask because you will feel shame and I do not want you to be feeling that way. I am afraid to ask you because you might punish me. Yes, if I ask questions you might not let me see my friends thinking that they are pushing me to experiment with sex. I am afraid to ask you because you might think that my curiosity comes**

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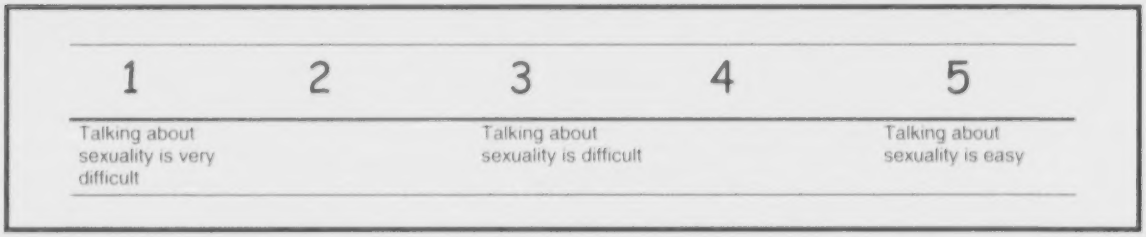
from doing something sexual and you will get upset with me. Mother open your eyes, times have changed."

Mother: **"I know times have changed. However, daughter, I have to tell you that every time I try to talk about a sexual topic, I do not have the courage or the confidence to do it. I feel so ashamed talking about these issues."**

PROCESS QUESTIONS

- What do you think is going on here? What is the problem?
- Does this dialogue reflect the experience of families in your community?
- Does this dialogue reflect the experiences of mothers and daughters in your community?
- In what way is this situation different and/or similar to your life?

- During the discussion, make the following points. Explain that the difficulties that mothers and daughters may have in talking about sexuality and how to live healthy lives, as illustrated by the dialogue, is typical for many Latino families. Messages received about sexuality from one's home and culture may be different from the general societal messages.
- Using newsprint or the blackboard, draw a line as shown in the picture. Explain to participants that a continuum exists for how difficult it is to talk about sexual topics. For example, for some families talking about sexuality is very difficult and for others, it might be easy.



- Share with participants some of the intergenerational and intercultural tensions mentioned by mothers and daughters during interviews.
- Ask participants where they would locate themselves on the continuum. Briefly explain that for many Latino families, and especially for women, there is a cultural explanation as to why it may be difficult to talk about sexual topics.
- Explain that the mother grew up in a culture where talking openly about sexual topics was not accepted and the daughter is growing up in two cultures with different points of view about sexuality.

Mother	Daughter
Mother grew up in one culture or community. • Many Latino women have been socialized in a family and cultural context in which talking, reading, and listening openly about sexuality is not appropriate for a "decent" female.	**Daughter is growing up in two cultures or communities.** • Girls and adolescents are growing up in a bicultural environment. The school, peers, and the media are socializing them as "Americans," and their families as Latinas at home. • As Latina girls, talking openly, reading, listening to sexual topics is taboo. • As "Americans" Latina girls are exposed to mainstream media messages that discuss sexual topics openly (news, talk shows, teen magazines, newspapers) or present explicit sexual images (movies, MTV). • Through the school curriculum Latina girls learn the names of body parts, function and other health issues.

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VALIDATING CULTURALLY SHAPED FEELINGS

⏳ **This topic should take about 5 minutes.**

OBJECTIVE

- Acknowledge and validate cultural influences related to sexuality.

PROCEDURES

- Make the following points known to adult participants:

  "It is okay to feel shame or to be embarrassed when discussing issues of sexuality. Most Latina women feel this way because that is the way they are raised. They were taught not to talk about sexuality and to feel shame about it and about their bodies. The important message to give participants is that it is okay to have those feelings. Throughout the training sessions we are going to respect this."

- Tell participants that during the training sessions they are going to learn basic and accurate sexuality information so they can "aconsejar" (advise) their daughters how to stay healthy and protect themselves from STDs, including HIV.

LA COMUNICACIÓN: PRACTICING EFFECTIVE COMMUNICATION STYLES

⏳ **This topic has 8 activities. It should take about 130 minutes in total.**

OBJECTIVES

- Enhance knowledge and fortify effective communication skills.
- Highlight and validate intercultural differences in communication styles.

PROCEDURES

- Remind participants that no matter how much we know about HIV/STD prevention, how we communicate this information to our children is most important. You may say: "If we do not know how to communicate this information effectively, our efforts to keep our children safe may be wasted. The following section is meant to help us learn effective ways to talk to our girls about sex, sexuality, and HIV/STD prevention. We will learn about effective and ineffective communication styles and practices and how to utilize effective communication skills. We will also discuss similarities and differences among different Latino groups.

COMMUNICATION STYLES AND HOW THEY AFFECT OUR RELATIONSHIP WITH OUR GIRLS

⏳ **This activity should take about 5 minutes.**

PROCEDURES

- Paraphrase the following information:

"In this session, we have discussed some of the worries and barriers that keep us from talking honestly and openly with our girls about sex, sexuality, and other important issues. Most mothers and mentors say they want to deliver these messages effectively but may not know how. This confusion may be compounded by the experiences of living in a new and different culture where communication may seem very different. We have discussed some of the reasons why we have difficulties talking about these issues--most of us have not had positive experiences or role models. Yet, how we communicate makes a huge difference in the lives of our youth.

The Latino population is a very diverse group consisting of people who may share a language but not necessarily a culture and customs. The ways in which people communicate reflect different dimensions of culture such as power, distance, conflict avoidance, dependency, interdependency, individualism, and collectivism.

The way we express our feelings is determined by our culture, our personal experiences, and by what we have learned. The way to express feelings is determined and influenced by the values and attitudes within one's culture. Some cultures may frown upon emotional displays of feelings while other cultures may allow a wider display of emotions. In some Latino cultures,

we often allow for a wide range of emotions when we communicate our feelings to others. We are allowed to be "emotional", and we are very emphatic in the ways we communicate. To some other cultures, including other Latinos, this way of communicating may seem "too emotional " or "intense." They may not understand how we can continue to talk to one another after observing some of our discussions. On the other hand, we may not understand the lack of passion inherent in the communication style of other cultures. Many of us may express emotion through body movement and tone of voice. Some of our gestures may seem "overly dramatic," and we may not understand others' seeming passivity and lack of emotional display.

In some Latino cultures we observe the communication styles described above, but a broad diversity in communication styles and approaches are found throughout the Latino populations. We should consider accepting these various styles without making judgments or assigning values to them. We should also recognize that these communication styles are related sometimes to a person's position within their social environment.

In some Latino countries, being assertive, both verbally and with our body language, is not considered courteous and polite behavior. As children, we are raised and taught to show respect to others, particularly our elders, our parents and people we consider in positions of authority. Not wanting to offend and disrespect others, we may not say directly what we mean and may find that sometimes saying 'no' is hard. We may also avoid confrontations and asserting ourselves. To other people not aware of culture and customs, these qualities may be perceived as passivity and weakness.

The full expression of our emotions is healthy and essential because expressing our needs and thoughts allows us to be ourselves. However, each of us needs to assess how we can best convey our message and express our emotions so that communication succeeds. Below, we will discuss *one* style of effective communication. We do not have to give up our cultural values or emphatic style. The important thing to remember is that effective communication has the following essential characteristic: *We can communicate our feelings and needs while respecting the rights of others."*

REFLECTION EXERCISE

This activity should take about 5 minutes.

PROCEDURES

- Ask participants to:

  "Close your eyes and go back to a time when you were young, perhaps to a time when your parents or other relatives talked to you about sex or issues about sexuality or about any other issue that was important to you at the time. Reflect on how you were addressed, how the conversation went, and how you felt about it. Did you feel loved and comfortable or did you feel embarrassed or humiliated?"

- Give participants an opportunity to share their experiences if they choose.

NOTE TO FACILITATOR

Familiarize yourself with the following text and convey this message about role-plays to participants.

A Word About Role Plays

In this learning manual facilitators present a series of dramatic skits (role-plays) or situations and ask participants to react to them. Sometimes facilitators will model certain behaviors and communication styles as participants observe. Generally participants themselves will be asked to role-play a situation or demonstrate a certain behavior.

The objective of using skits and role-plays is to illustrate a problem or skill approach and to generate total group response about it. Behavior modeling is a powerful tool to ensure that role-playing produces real learning and is carried over to real-life situations.

The learning for the role players ensues from the opportunity for skill practice, self-critique, and the critique from the total group. The learning for the group comes from observing, analyzing, and giving feedback. Role-players oftentimes engage in the "wrong way, right way" technique. The role-playing follows the facilitators' instructions. Participants observe the *improper* procedure demonstrated by the role players and critique it. Because the role players are only *presenting* a problem, their behavior is not subject to critique. Then the second role-play follows, which presents the *proper* behavior or communication style approach. Another discussion follows. At the end of a series of role-plays, facilitators will help participants summarize information from the role-plays.

To ensure that the skills practiced during the role-plays are actually carried over to real-life situations, the facilitators must give ample time to process the data generated by the role-plays. Processing means giving and receiving feedback about the behavior exhibited in the role-plays and critiquing (discussing, extrapolating general principles) the enactment.

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THREE MAIN STYLES OF COMMUNICATION: PASSIVE, AGGRESSIVE, AND ASSERTIVE

This activity should take about 45 minutes.

PROCEDURES

- Tell participants that you and the co facilitator are going to demonstrate three different communication styles. In your own words convey to participants the following message:

  "We will demonstrate three different ways to communicate. They are called passive, aggressive and assertive communication. Then we will ask you to describe how you felt about each style. As you observe us, pay attention to what we do and what we say. Notice our body language and the tone of our voice, as well as the words we use. All of these are crucial parts of communicating."

Passive Style

- You can use the following situation to show a passive communication style, or you can demonstrate your own. The important thing is to use all verbal and non-verbal cues that characterize passive communication.

- Begin by describing the situation.

Passive Communication Role Play Situation

Diana and her daughter Amanda are in the house. Amanda is 12 years old. She is getting ready to go out with her friends. Diana is upset because she doesn't want her daughter to go out. She is afraid because she feels her daughter is growing up in the United States where there is so much freedom, drugs, and sex. Diana does not like her daughter's friends or the way she dresses. She found some cigarettes in Amanda's pocketbook last week, and they have been arguing ever since.

Role-Play Example Using Passive Communication Style:

(The mother is looking at the floor, and seems nervous and her voice is soft.)

Mother: "Amanda, 'mija' maybe you shouldn't go out tonight, especially, you know, dressed like that. You know that we came to the United States to make a better life for you, but you know, maybe if you wore something else, you wouldn't look so grown up and boys you know, wouldn't want to take advantage of you. Maybe your friends are not right for you, because you are smoking and doing things that are not right."

PROCESS QUESTIONS

- What did Diana do and not do?
- Did she say what she meant?
- How do you think Amanda will respond?
- How did Diana feel?
- How did Amanda feel?
- How is Amanda going to feel about her mother?
- How is Diana going to feel about her daughter?
- How is Amanda going to feel about herself?

- *How is Diana going to feel about herself?*

❖ Introduce the characteristics of passive communication:

- Poor eye contact, soft voice and hesitant speech are all indicators of passive communication.
- Some people call this style of communicating as "the mouse," or "give in/give up/go along."
- In passive communication, you don't get the message across about how you feel or what you really need or want. You give in and agree with the person even though you don't want to. You may agree to something even if you do not want to do it. You may even condone the behavior you are against.

❖ Ask participants why passive communication doesn't work. Make sure the following points are discussed.

- You do not get the point across.
- You do not get what you want.
- You are not understood.
- You feel used.
- The other person doesn't get a clear message.
- You may agree with something you really do not want to agree with, or you may do something you really don't want to do.
- You do not come out of the situation feeling good about it or yourself.

Aggressive Style

❖ You can demonstrate the same situation to show an aggressive communication, or you can demonstrate your own. The important thing is to use all verbal and non-verbal cues that characterize aggressive communication.

❖ Begin by describing the situation.

Aggressive Communication Role Play Situation

Diana and her daughter Amanda are in the house. Amanda is 12 years old. She is getting ready to go out with her friends. Diana is upset because she doesn't want her daughter to go out. She is afraid because she feels her daughter is growing up in the United States where there is so much freedom, drugs, and sex. Diana does not like her daughter's friends or the way she dresses. She found some cigarettes in Amanda's pocketbook last week, and they have been arguing ever since.

Role-Play Example Using Aggressive Communication Style:
(The mother is very agitated and irritable. She has her arms closed or she is threatening Amanda physically. She is shouting.)

Mother: "Mira, where do you think you're going dressed like a "cualquiera." You look so cheap dressed like that. All of the boys are going to want to take advantage of you because you are asking for it. You look so ridiculous. Just because "fulanita" dresses like that, it doesn't mean that you can. I am going to tell you something, if you think you can do what you want, then go get your own apartment. You know what is going to happen to you? You are going to end up pregnant like your cousin. And if you think you are going to live here, forget it. While you are in my house, you will do as I say. And if I catch you with cigarettes again, I will make you eat them."

❖ After the demonstration, ask the following questions:

PROCESS QUESTIONS

- What did Diana do and not do?
- Did she say what she meant?
- How do you think Amanda will respond?
- How did Diana feel?
- How did Amanda feel?
- How is Diana going to feel about her daughter?
- How is Amanda going to feel about her mother?
- How is Diana going to feel about herself?
- How is Amanda going to feel about herself?

❖ Introduce the characteristics of aggressive communication.

- Some people call this style of communicating "the monster."
- Aggressive communication uses punishing, demanding, or threatening language. It does not consider the feelings or rights of others. It can include name-calling, threats, or hostile remarks, as well as nonverbal signs such a waving a fist, glaring looks, or yelling. Aggressive communication can escalate to physical assault.

❖ Ask participants to think about what works and doesn't work about this style. Make sure the following points are discussed.

- People get short-term satisfaction out of aggressive communication, but this form of communication comes at a high price.
- Often, both people feel angry, out of control, humiliated, ashamed, or guilty at the end.
- The child may feel used, angry, and resentful and may want to do something to get even with the parent.
- This child may feel unloved, abused, and hurt and have a low self-esteem.
- The parent may feel guilty and ashamed.

Assertive Style

- You can demonstrate the same situation to show an assertive communication style, or you can demonstrate your own. The important thing is to use all verbal and non-verbal cues that characterize assertive communication.
- Begin by describing the situation.

Assertive Communication Role Play Situation

Diana and her daughter Amanda are in the house. Amanda is 12 years old. She is getting ready to go out with her friends. Diana is upset because she doesn't want her daughter to go out. She is afraid because she feels her daughter is growing up in the United States where there is so much freedom, drugs, and sex. Diana does not like her daughter's friends or the way she dresses. She found some cigarettes in Amanda's pocketbook last week, and they have been arguing ever since.

Role-Play Example Using Assertive Communication Style:

(The mother makes direct eye contact and speak clearly. These are both strong signs of assertive communication that is respectful and sincere.)

Mother: ." Amanda, what you are wearing tonight is not appropriate for your age. What you are wearing right now is something that someone much older would wear. I want you to change into something that is right for your age, such as your green blouse. I understand that you like your friends a lot, but I have some concerns about some of your friendships. My concern is that they may do things that you are not allowed to do such as drinking, smoking, and having sex. I love you and I do not want you to do things that will hurt you. I will allow those friendships as long as I know that you are not doing things like smoking, drinking or having sex. I need to let you know, that if I find out that you are doing any of those things, you will need to end those friendships."

- After the demonstration, ask the following questions:

PROCESS QUESTIONS

- What did Diana do and not do?
- Did she say what she meant?
- How do you think Amanda will respond?
- How did Diana feel?
- How did Amanda feel?
- How is Diana going to feel about her daughter?
- How is Amanda going to feel about her mother?
- How is Diana going to feel about herself?
- How is Amanda going to feel about herself?

DISTRIBUTE HANDOUT 3.2

- Discuss the characteristics of assertive communication, and make sure the following points are covered.
  - It is "good communication" or "telling it like it is."
  - It clearly tells someone how you feel and what you want or need in a way that doesn't threaten, punish, or put down.
  - It lets you express your thoughts and feelings without anxiety or fear.
  - It is direct and honest.
  - It models for your children how they can effectively communicate with others, as well as how they want to be addressed or treated. It shows them how to address their feelings appropriately and effectively.
  - It gets the point across without leaving you feeling guilty or out of control.
  - It does not hurt your child's self esteem.
  - Assertive communication is sometimes called the "me" style. When people use the "me" style, they usually feel more confident, in control, and get more positive reactions from others.
  - Assertive communication is not something we are born knowing how to do. It is a way of expressing ourselves that can be learned.
  - It takes self-awareness. Aggressive communication and passive communication can occur spontaneously, and it usually does. Assertive communication is an acquired skill that begins with becoming conscious that you do have a choice in how you speak, and that you can choose your words. You are in control of your emotions.
- Ask participants to describe a time when they handled a difficult situation well and ask them how they felt. Be attentive to whether the situations are examples of assertive communication. Ask other participants what they think about the examples and how they would feel if they were the other people.

REVIEW OF THREE COMMUNICATION STYLES

This activity should take about 40 minutes.

PROCEDURES

- Demonstrate the following situation with your co-facilitator using one style of communication. Ask participants to identify the communication style.

Role Play Situation

Rosa has been home all day. She is tired because she has been cleaning and preparing a special dinner for Juan, her husband. It is already 8pm and no sign of Juan. Rosa is getting really upset because she had planned this day and looked forward to spending some time alone with Juan since the kids were not at home. The food is cold and Rosa is very angry and disappointed. Finally, at 9 o'clock in the evening, Juan walks in. He worked overtime and forgot all about their date.

- Ask volunteers to role-play the two other types of communication styles using the same situation. Probe for possible outcomes to the chosen communication styles.
- Congratulate participants for their ability to recognize the different communication styles and for how much they have learned during this session.
- Remind participants that not everyone has as much information as they do. As parents and mentors they can teach others about how to protect themselves and their children against HIV and other STDs, unplanned pregnancies, and drugs use by providing correct and clear information in an effective manner using assertive communication styles.
- Ask participants to describe an event in the past week when they used or could have used an assertive response with their children or someone else. Ask them to describe what they did and how it worked out. Ask them how they felt. If they cannot think about their own situation, ask them to describe a situation they observed. Be prepared to provide an example if they get stuck.
- Prompt participants with the following questions:

PROCESS QUESTIONS

- What was the situation?
- What did you say that was assertive?
- How did the other person react?
- How did this make you feel?
- How did it work out?

- If the situation did not work well, review assertive communication.
- Ask participants what is assertive communication. Listen for these points and reinforce them. Give participants a chance to respond first. If no responses are given, offer them yourself by saying:

  "Assertive communication is not something we are born knowing how to do. It is a way of expressing ourselves that can be learned. It means clearly telling someone how you feel or what you need without threats, punishment, or put-downs. Being able to express yourself without anxiety or fear and in a way that is honest and direct."

- Ask participants what the benefits of assertive communication are. Make sure the following points are covered.
  - People who express themselves assertively feel more confident.
  - They get positive reactions from others.
  - They are more in control of their emotions
  - They say exactly what they need or want.
  - They are more likely to get the desired results.
  - They feel good about themselves at the end of the situation.
  - They do not feel guilty about having hurt others, especially their own children.

- It teaches their children and others how to communicate and solve conflicts more effectively by modeling the assertive communication style.
- It can help keep their children safe and well.

❖ Ask what is passive communication and how people look and behave when communicating passively. Make sure the following points are covered:

- It does not clearly tell the other person how you feel or what they mean.
- It is indirect.
- It does not involve direct eye contact, it uses a soft voice, hesitant speech, and the person looks or acts nervous or unsure.

❖ If necessary, prompt answers by referring to the previous session's communication demonstrations.

❖ Ask participants to describe (cofacilitator's name) when she was communicating passively.

❖ Ask participants why this style of communication does not work. Prompt the participants for:

- You do not get the point across
- You do not get what you want or need
- You are not understood
- You feel used or frustrated
- The other person does not get the message

❖ Ask for an example of passive communication.

❖ Ask what is aggressive communication. Make sure the following points are covered:

- Expressing oneself in a way that is punishing, demanding, threatening, and demeaning to the other person.
- Failure to consider the feelings and rights of the other person.

❖ Ask why aggressive communication is not effective and make sure the following points are covered:

- It does not get the point across.
- The person may get what they want in the short-term but it comes at a high price.
- Often, people feel angry and out of control at the end.
- The other person may feel used, abused, angry, resentful, vengeful and/or with a low self-esteem.
- The aggressor may also feel guilty.
- It may escalate and get violent and/or dangerous.

❖ Ask what aggressive communication looks like and make sure the following points are covered:

- Aggression can be expressed both verbally and nonverbally.
- Aggressive communication can be volatile.

- Verbal aggression can include name-calling, threats, hostile remarks, and demeaning language.
- Nonverbal aggression can include shoving, pushing, hitting, waving a fist, shouting, and screaming and can result in physical harm to one or both parties. It can be dangerous.

❖ Ask a volunteer to act out an example of aggressive communication.

TIPS FOR ASSERTIVE COMMUNICATION

⏳ **This activity should take about 5 minutes.**

PROCEDURES

❖ Remind participants that assertive communication is the most effective style of communication to use with others, especially with your children. It can help you express exactly what you feel in a way that will make you and your child feel good. This helps your children feel understood, loved, cared for, and not put-down.

❖ Reinforce the following points:

- **"Say in your own words what you think the adolescent girl wants. Let them know that you hear what they are saying, even if you do not agree. This helps them feel that they are understood and valued without being put down."**
- **"Use "I" messages to express what you believe, value, and want. Use yourself as an example, but try not to sound preachy, judgmental, or superior. Instead use phrases like, "I don't feel good about… " "I'd like to…" or "I'm feeling uncomfortable." Try to avoid phrases like, "You should…" Speak for yourself and own what you say. You can even use yourself as a positive example by saying, "I am trying to…." Be positive. Remember, you are talking with someone you love and care for."**
- **"Be clear and specific about what you will and will not allow and stick to it. Know and keep in mind what it is that you want to accomplish. To communicate about something, you need to know what it is you want."**
- **"Clearly communicate your bottom line. Let your daughter, niece, or other loved one know what you are willing to allow and what you won't allow. Be specific."**
- **"Suggest specific alternatives. In some cases, you may be willing to consider alternatives that are okay with you and you feel comfortable with. For example, you may allow your daughter to wear makeup on special occasions, or that she stay out later once a week. Alternatives allow negotiations so everyone is comfortable and gets some of their needs met. Be ready to say, "No" firmly and repeatedly if you have to. There will be times when you may have to say "no" as a parent and stick to it, especially if the child's behavior puts her at risk. Children need and benefit from consistent messages. They are confused when parents say "yes" sometimes and "no" at other times for the same issue."**

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NOTE TO FACILITATOR

Here you may introduce an activity to make the point that habits are hard to break (overcome resistance to change). The following exercise can also work as an energizer to get the group into action.

ARMFOLD EXERCISE

This activity should take about 5 minutes.

PROCEDURES

- Give the group this assignment while they are standing.

1. **"Fold your arms."**
2. **"Raise your head and glance at the ceiling."**
3. **"Make a mental note concerning how your arms are folded; such as the right arm is placed over the left."**
4. **"Now reverse the position of your arms."** (Most people find this awkward to accomplish).

Source: The Winning Trainer by Julius E. Eitington. Gulf Publishing Company, Houston, Texas, 1984, p.243.

- Ask: **"Was this hard to do? Why?"** (Answer: strength of habit.) Say:**"If we can't break a physical habit very easily, we can hardly expect to break one that is of an ingrained intellectual or emotional sort. So in trying to change habits (or a learned behavior) of others, be prepared for resistance."**

DEMONSTRATION OF ASSERTIVE COMMUNICATION BY FACILITATORS

This activity should take about 10 minutes.

PROCEDURES

- You and your colleague will demonstrate assertive communication skills to show participants how to communicate with their children assertively, evaluate their own and other's behavior, and provide feedback. Do not worry if the first role-plays do not go perfectly.
- Tell participants that you are now going to demonstrate assertive ways to tell daughters what is and is not allowable to you. Tell them to be aware of the verbal and nonverbal communication style. Let them know that there will be some ad-libbing; they should listen for ideas, as well as for choice of words. Explain that they should not try to memorize lines. Everyone will have his or her own style.
- With your cofacilitator, act out the demonstrations. Be sure to model positive and clear examples of assertive communication. Ask participants to critique the communication.
- Read the situation aloud.

Situation

Maria and Edna are best friends. They have known each other ever since Maria came to the US at age 9. Maria is 13 and Edna is 17. Maria's mother Juana thinks that Edna is too Americanized, is too old for Maria, and is a bad influence for María. One night, Juana talks to her daughter about her feelings.

❖ Ask participants the following questions:

PROCESS QUESTIONS

- What is the issue being brought up by Juana?
- What kind of communication was demonstrated?
- What tips did you notice?
- What did you notice about the tone of voice, choice of words, using "I" messages?
- What did you notice abut the eye contact, posture, and body language?
- What did you notice about how Juana may be feeling as she spoke with her daughter?
- What did you notice about how Maria reacted and how she may have felt?

PARTICIPANT ROLE PLAYS

⧖ **This activity should take about 15 minutes.**

PROCEDURES

❖ Introduce the role-playing by saying something like:

"Now you have seen us try to use effective communication; as you can see, it isn't always easy to do. It isn't always easy for us either! So it really is a good idea to practice. Now it will be your chance to try."

❖ Read the following situation aloud:

Situation

Ana was watching the "Cristina" show. The show was about teenagers who had been infected with HIV by their older boyfriends. These teens were infected when they were barely 14 years old! Ana was upset and concerned. She has a daughter who just turned 14, is starting to show interest in boys, and whose body is changing almost daily! After the show, Ana decides that she needs to have a talk with her daughter. However, she has really never talked to her daughter about sex or issues related to sex before. Although she feels nervous and embarrassed, she knows she must talk to her daughter soon because she loves her daughter and wants to keep her well. Ana did go to a class once where she learned about different communication styles. She learned that assertive communication is most effective. Now is her chance to practice the skills she learned.

❖ Have participants break up into at least two groups. Remind participants to refer to the assertive communication tips and to use the "I" messages. Once the participants are divided into groups, review the process: one person in each group will reread the situation, one will role-play the mother,

one will role-play the daughter, and another person will observe the role-plays and give feedback. Make sure that the participants change roles during the three role-playing exercises.

- Rotate among the groups as they work on the script. Praise what worked and provide constructive criticism. Sometimes, participants may get "stuck" in a negative role-play. You can help them "exit" from the part by reminding them that this was just a part, not who they really are. As you listen to each group, give feedback that helps them even if their role-plays are not so successful by building, not eroding. Ask the group what they think would make the role play work best. You may say something like, **"Let's try it again. What else can she do to try to get the message across?"**

- Repeated practice of role-plays is an important part of the Nosotras Viviremos curriculum. It is important that everyone takes more than one turn in a role-play. Make sure that each participant has a chance to play each role. If you do not have enough time for each participant to practice the three different roles, you may want to schedule an additional session for role-playing.

- Once all of the participants have had a chance to practice the role plays, ask the group:

PROCESS QUESTIONS

- What worked well about the role-play?
- What will make it even better?
- How did they feel?
- Was it difficult to practice assertive communication?
- Did they feel comfortable in their roles?
- What was the easiest role or part?
- What was the hardest role or part?
- Is this something they think they could practice with their own children and others?

- Sum up the lessons learned and remind participants that skill development takes practice. The more we practice the better we become. Tell them not to be discouraged if they try to practice assertive communication with their children and are not initially successful. Encourage them to think about at what point their communication style began to weaken. For example, what triggered an angry response?

- Encourage participants to practice assertive communication skills. Ask them to remember details of the situation: who they were with, what the issue was, what happened, what they said, how the other person reacted, how they felt about the way they handled themselves in the situation, and how they could have handled it differently. They may choose to share their experiences during the next session.

- Tell participants that they will have other opportunities as a group to practice assertive communication. They will have a lifetime to practice assertive communication in their everyday lives.

ASSESSMENT OF LEARNING

⏳ **This topic should take about 10 minutes.**

PROCEDURES

❖ End the session by asking participants to respond to the following questions. You may lead the discussion in a "brainstorming" style. Address the questions to the large group and jot down participants' responses on the newsprint.

- **What I learned in this session is...**
- **What I still need to learn more of is...**
- **What I will have difficulty in applying is...**

NOTE TO FACILITATOR

Record and save participants' feedback for program evaluation purpose.

4

RAISING CONSCIOUSNESS ABOUT HIV/AIDS AMONG FARMWORKING WOMEN

GOALS

The purpose of this unit is to raise awareness and consciousness about HIV as a health problem that can affect any person, especially women and adolescents in the farmworking communities. It provides participants with a culturally sensitive framework to make sense of sexuality information. Participants will be equipped with a cultural framework and language to draw from when talking about sexuality and HIV. Facilitators and participants together will explore the causes and consequences of HIV infection in the farmworking community.

TOPICS

1. THE WORLD AROUND US: A CLOSER LOOK AT HIV/AIDS AND LATINAS (5 MINUTES)
2. THE IMPACT OF HIV/AIDS AMONG LATINA FARMWORKERS (45 MINUTES)
3. ASSESSMENT OF LEARNING (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape

THE WORLD AROUND US: A CLOSER LOOK AT HIV/AIDS AND LATINAS

This topic should take about 5 minutes.

OBJECTIVE

- Provide participants with information on how AIDS is affecting the world and the United States, especially among women and Latinos/as. In addition, participants will be able to describe how their communities are at risk.

PROCEDURES

- Provide the participants with the following statistics. You can also include statistics from your state.

Information about AIDS

- In the world, approximately 41% of the 29.5 millions of adults living with HIV are women.
- In Latin America and the Caribbean, approximately 1.3 million HIV/AIDS cases and 19% of the infections are among women.
- In the United States HIV/AIDS was the fourth leading cause of death among U.S women aged 25-44 in 1996.
- Hispanics account for 19% of the HIV/AIDS cases reported in the United States through December 1997, and approximately 20,000 Hispanic women were diagnosed with AIDS.
- The percentage of adolescent AIDS cases among female teens in the United States rose from 14% in 1987 to 49% in 1997.
- Through 1997, African American and Latina teens accounted for 82% of the cumulative AIDS cases among young women aged 13-19 years in the United States.
- Between 1993 and 1996, gonorrhea rates among women aged 15-19 years were the highest.
- Source: Centers for Disease Control and Prevention, Advocates for Youth Fact Sheet, November 1998.

PROCESS QUESTIONS

- Any comments or questions?
- Do you think HIV/AIDS is a problem? Why?
- Who do you think these health problems can affect?
- Do you think HIV/AIDS is or can be a problem here in the farmworking community?
- Who do you think can become infected with HIV?

THE IMPACT OF HIV/AIDS AMONG LATINA FARMWORKERS

⏳ **This section should take about 45 minutes.**

OBJECTIVE

➢ Introduce the topic of HIV and create an environment where participants can start thinking about this issue.

PROCEDURES

❖ Read one or two stories (see next page) about female youth infected with HIV, or other stories to which female adults and youth can relate. You may also ask participants to tell their own stories about facts they know or things they have heard about in their communities.

❖ After reading the stories, ask the following questions to elicit thoughts, feelings and attitudes.

PROCESS QUESTIONS

- What did you think when you heard this story?
- What did you feel when you heard the story?
- What do you think happened to (name of the person in the story)?
- Why do you think this happened?

NOTE TO FACILITATOR

It is important not to spend too much time on these questions. Just allow for one or two responses per question; the discussion will come later.

In the discussion, be careful not to reinforce stereotypes. The important point is that anyone who practices unsafe behaviors is at risk for HIV infection.

❖ Tell participants that: **"The following stories are based on real life situations. Some facts have been changed, and pseudonyms are used to protect individuals' identities."**

Latina Women & HIV/AIDS Infection Stories: Story 1

"Rosita, 18 years old, lived in a rural town in Mexico. She has been engaged to José, who is 29, since she was fifteen. Her family was supportive of this relationship because they knew José's family, and José seemed to be a good, responsible young man. Working as a farmworker, José had to travel a lot, back and forth from Florida to Maine.

One day, José started to feel sick and he developed pneumonia. The doctor diagnosed him with HIV. José went to a counseling program where a nurse explained to him how HIV was transmitted and what he needed to do to protect others from being infected with HIV.

José went back to his hometown in Mexico and asked Rosita to marry him and come to live with him in the United States. Rosita was extremely happy. She always wanted to be married and have six children. Breastfeeding her babies was her major dream. She thought that being a mother and breastfeeding her babies was all she needed to feel complete.

The same day that Rosita and José got married, José confessed to Rosita that he was infected with HIV. José also told Rosita that he needed to use protection so she will not be infected with the virus Rosita, who did not really understand what HIV infection meant—she thought it was like having a cold—told her husband that she did not mind having HIV like him because she loved him very much.

José and Rosita never used condoms when they had sex. Six months later, José and Rosita are living in the United States. Rosita is three months pregnant. When she goes to the doctor for her prenatal care, the doctor told her that she was infected with HIV. Rosita tells the doctor that she does not care because her husband also has the virus.

As her pregnancy continues, Rosita learns some of the effects of having HIV. For example, she learns that she might infect her baby, that she is not going to be able to breastfeed her baby, and that she might get very sick or die from complications related to AIDS; she might not be there when her son or daughter grows up, gets married, and has children.

Now Rosita is very, very sad. She cries all day. Her dream of raising six children, breastfeeding them, and seeing her children grow up, get married, and have children might not come true."

Latina Women & HIV/AIDS Infection Stories: Story 2

"María, 23, is a very smart young woman who is extremely good at mathematical problem solving. She is working towards a degree at a community college and making plans to go to a four-year college through a scholarship she won. María is "information hungry"; she loves to learn and considers herself very lucky. She feels lucky to be alive, healthy, and raising a healthy daughter, Jasmine.

When she was 15, María experienced what she thought was love. Jerry, a 22 year-old man started to send her love messages through her friends. María felt important and liked receiving those messages. She even felt butterflies in her stomach because she thought he was nice and attractive. A couple of weeks later, she ran away with Jerry. Her parents were concerned about her safety because they knew that Jerry was selling drugs, so they asked her to come back home. "You do not have to run away and live with him, come here and live with us," María's mother said. María and Jerry returned to her parent's home, which they shared with other family members.

The same day María turned 16, she found out that she was pregnant. She felt happy and scared at the same time. Jerry loved her unconditionally during the first two months of their relationship. Then, he started to go out with his friends and not come home until the mornings. Also, he would come home drunk and physically threaten her and her family. María was feeling sad. Nevertheless, her passion for learning continued. She was going to school to take parenting classes. It was during that time that she heard about *sexually transmitted diseases*, including HIV. From the symptoms, she discovered she had *herpes*, a sexually transmitted disease. She went to the doctor (who confirmed the diagnosis), got treatment, and learned she would have herpes for the rest of her life.

After María had her baby, Jasmine, she tried to win back Jerry, whom her family and neighbors now called her husband. She dropped out of school and followed Jerry wherever he could find a job. With time, the relationship became violent and one night he threw her out of the house with the baby. María took some money that a friend loaned her and went back to her parents' house. Although she felt humiliated and angry, she was able to return to school. A couple of weeks later, María had a flu that went on for several weeks. After consulting a doctor and undergoing some exams, María learned that she was HIV positive. Her husband had infected her, most probably after Jasmine was born.

María considered herself lucky because she learned very early that she had contracted the virus. This allowed her to start treatment immediately and take good care of herself. María's dreams are to finish the university, become a math teacher, and live long enough to see her daughter go to a community college just like herself. One sure thing, María will teach her daughter about love and what to do to protect herself. María does not want her daughter to make the same mistakes that she made in her life."

Latina Women & HIV/AIDS Infection Stories: Story 3

"Guadalupe is 27 years old. She is a widow with two beautiful twin boys who are three years old. Her husband Jorge, died seven months ago. Guadalupe married when she was 23 years old. The only man she has ever been with was her husband. She met him when he was working up north and went back home for the summer. She still remembers the first time she saw Jorge walking down the street. He had tight jeans and a white shirt on. He looked so fine and strong, and she loved his smile.

After being engaged for a year, Guadalupe married Jorge. Because Jorge's work involved traveling, the couple decided that it was best for Guadalupe to stay with her parents and for Jorge to be back with her off-season between June and September. He would work hard and send the money to Guadalupe so that they could save for a place of their own. At first, Jorge would send most of his money back home so that Guadalupe could take care of herself and the boys. After three years, Jorge would hardly send any money at all. When he came home, he seemed to be in a bad mood, was drinking heavily, and was abusive towards Guadalupe and their kids. Guadalupe thought this was because he was tired and stressed from all the work. She tried harder to please him and make him feel great while he was at home.

One day, after Jorge had returned to Florida, Guadalupe confided in Ana her sister. She told her about the money, the drinking, and his changes in mood and how badly he was treating her and the kids. Her sister told her that she often heard stories about men who went to work the fields up north and how they often drank, did drugs, and went out with prostitutes and spent all their money. Guadalupe became defensive and angry with her sister and refused to believe that Jorge may have been with other women. She believed that he loved her and would never be unfaithful. Her sister tried to get her to listen because she had heard of a couple of men who had been infected with HIV and had come back home and infected their wives. Guadalupe would not listen. She refused to talk to her sister again about this topic.

Four years later, Jorge came home unexpectedly before the season ended. This time, he did not look well and shortly after, he died. He was only 32 years old. After some time had passed, Guadalupe found out that Jorge had been infected with HIV and had been sick for a while and that he had been too afraid to get treatment in Florida because he was undocumented. When he became too sick to work, he decided to come home to die. He never told Guadalupe that he was infected with HIV and had developed AIDS."

ASSESSMENT OF LEARNING

This topic should take about 10 minutes.

PROCEDURE

- At the end of this session ask participants to complete the following sentences:
  - **Today I learned that...**
  - **This session made me feel like...**
  - **Now that I have this information I will...**

NOTE TO FACILITATOR

You may write each sentence on flipchart or newsprint, affix the paper to the classroom walls with masking tape, give participants markers, and let them move around and write their responses on newsprint. If participant's literacy level is low, you may ask volunteers to write down their answers. Keep the newsprint with complete sentences for program evaluation purposes.

- An ice breaker may be appropriate here.

5

UNDERSTANDING THE FACTS ABOUT HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

GOALS

This unit contains basic information about transmission and prevention of human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs). Facilitators will reinforce that HIV is another type of STD and will encourage participants to seek treatment and screen for STDs as another way to prevent HIV. Participants will be able to identify different types of STDs and their symptoms, learn basic information about HIV and AIDS, describe what situations put women at risk of becoming infected, and learn concrete ways to prevent HIV transmission.

TOPICS

1. WHAT ARE SEXUALLY TRANSMITTED DISEASES? (30 MINUTES)
2. DEFINITION OF HIV & AIDS (15 MINUTES)
3. TRANSMISSION OF HIV (50 MINUTES)
4. BASIC INFORMATION ABOUT TESTING FOR HIV INFECTION (10 MINUTES)
5. PREVENTING HIV INFECTION (10 MINUTES)
6. TREATMENT (10 MINUTES)
7. ASSESSMENT OF LEARNING (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Copies of handouts
- ❑ Box of condoms for participants (as many condoms as the number of participants)
- ❑ Set of lubricated and unlubricated condoms for demonstration
- ❑ Phallic objects to be used in condom demonstration (eg., bananas, cucumbers, carrots, or fingers)

WHAT ARE SEXUALLY TRANSMITTED DISEASES?

This topic should take about 30 minutes.

OBJECTIVES

- Provide the facts about STDs.
- Reinforce the importance of screening for and eliminating other STDs as a step in preventing HIV infection.

PROCEDURES

- Tell participants that:

  "STDs are a group of diseases that are transmitted from person to person most frequently by sexual contact. Sexual contact is any kind of contact involving the penis, vagina, mouth, or anus. A person may be infected with more than one STD at the same time. We do not develop immunity to any of these diseases and except hepatitis B, no vaccine is able to prevent them. Serious complications can occur with some STDs like syphilis and gonorrhea. For example, a person who has syphilis or gonorrhea may be more vulnerable to HIV infection."

- Ask participants, "What do you know about STDs? What do you understand about them?

- State that:

  Symptoms are not always noticed or may not always appear. In some cases, women may not have symptoms, but men do. In other instances, men may have no symptoms, but women do. In all cases, individuals with STDs require medical attention.

- Ask the group to identify which STDs they know about and those they think are the most prevalent in their community.

- Use one of the STDs mentioned by the group as an example of a common problem that may produce different symptoms and long-term effects for men and women. For example, herpes can cause blisters, pain, and irritation for both men and women. Long-term impact of herpes infection among women may lead to an abnormal Pap smear (cells on the cervix that are not normal). Gonorrhea among men can cause a drip or heavy discharge that makes them seek treatment. For most women, no discharge occurs. Women can have gonorrhea or chlamydia and not even know it.

DISTRIBUTE COPIES OF HANDOUT 5.1

- Briefly review the handout with participants. Stress that :
  - HIV is an STD and that after we look at several of the STDs we will turn to learning about women and HIV.
  - STDs such as gonorrhea, syphilis, and herpes facilitate the transmission of HIV.
  - The importance of eliminating other STDs as a crucial step in preventing HIV infection.

DEFINITION OF HIV/AIDS

This topic should take about 15 minutes.

OBJECTIVE

- To provide basic information about HIV/AIDS.

PROCEDURES

DISTRIBUTE HANDOUT 5.2 HIV/AIDS RELATED TERMINOLOGY

- Allow a few minutes for reading. Then, one at a time, say one of the terms and ask a person to read the definitions.

NOTE TO FACILITATOR

If the group has a low literacy level, write definitions on newsprint and read them aloud.

- Ask a volunteer to explain the concept in her own words to make sure the concept is understood.
- Answer any questions that participants may have.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome.

A = **Acquired**	Something you get after you do something. Not inherited.
I = **Immuno**	Immunological system is the body's biological defense that fights infections and diseases.
D = **Deficiency**	That does not work properly.
S = **Syndrome**	A group of symptoms and diseases.

AIDS is a disease in which the body's immune system breaks down. Normally, the immune system fights off infection and certain other diseases. When the system fails, a person with AIDS can develop a variety of life-threatening illnesses.

WHAT CAUSES AIDS?

AIDS is caused by a virus called the human immunodeficiency virus, or HIV. A virus is one of the smallest "germs" that can cause disease. As HIV disease progresses, a gradual deterioration of the immune function occurs and makes an individual particularly vulnerable to the illnesses that are typical of AIDS, the end-stage of HIV infection.

WHAT IS AN OPPORTUNISTIC INFECTION?

An opportunistic infection is an illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes, and other organs.

WHAT DOES "WINDOW PERIOD" MEAN?

The window period refers to the time between when a person becomes infected and when the HIV tests can begin to detect either the antibodies or the virus. The window period can be from two weeks to six months long. During this period, a person can transmit the virus to others, even before they know they are infected.

TRANSMISSION OF HIV

This topic has 2 activities. It should take about 50 minutes in total.

OBJECTIVES

- Learn how HIV is transmitted.
- Learn what situations put women at risk of becoming infected with HIV.

HOW IS HIV TRANSMITTED?

This activity should take about 15 minutes.

PROCEDURES

- Ask participants to explain how HIV enters the body or how you get HIV. Make sure the following points are covered in the discussion.
  - Sexual intercourse with an infected person
  - Sharing contaminated needles and works with someone who is infected
  - Transfusion with infected blood
  - HIV infection and pregnancy

Sexual Tranmission

- Explain that HIV can be transmitted by vaginal, anal, and oral sex. Transmission can occur from male to female, female to male, female to female, and male to male, among monogamous or non-monogamous sex partners, through consensual sex or through forced sex.

- Present the following as the risk behaviors for sexual transmission of HIV:
  - Unprotected anal intercourse with an HIV-infected person or a person whose HIV status is unknown.
  - Unprotected vaginal intercourse with an HIV-infected person or a person whose HIV status is unknown.
  - Unprotected contact of mouth to penis with an HIV-infected person or a person whose HIV status is unknown, especially if blood or lesions are present on the penis or in the mouth even if undetected.
  - Unprotected contact of mouth to vulva with an HIV-infected person or a person whose HIV status is unknown, especially if blood or lesions are present on the vulva or in the mouth even if undetected.
  - Any other exchange of blood, semen, or vaginal secretions with an HIV-infected person or a person whose HIV status is unknown during sexual or other activities.

- Emphasize that all sexual activities that include exchange of specific body fluids such as semen, precum, vaginal fluids, and blood (including menstrual blood) carry the risk for HIV infection. It is not enough to say body fluids. Specify: **" All activites that exchange blood, semen, vaginal secretions, breast milk carry the risk of HIV infection."**

- Mention that some partners may practice anal intercourse and oral sex as a form of birth control. The rate of HIV transmission from men to women is greater because the penis penetrates the vagina or anus. However, women can and do spread the virus to male partners but at a lower rate than do men to female partners.

- Focus on the behavior and avoid labels or focusing on groups of people. It is not the person but the behaviors that puts you at risk.

- If participants have questions about casual transmission of HIV, state no scientific evidence exists that HIV is transmitted through any other means than the exchange of body fluids. Whether through sexual contact, drug equipment sharing, or transmission from mother to child, the infected person's body fluids must enter the body of the uninfected person for infection to occur.

Sharing Contaminated Needles And Works

- Emphasize that HIV can be transmitted by both needle and works sharing, whether by injecting (intravenous) or skin popping (under the skin or into the muscle) or both. Other needle-sharing risks include:
  - Tattoos
  - Ear, nose, or any form of body piercing
  - Vitamin shots, insulin shots, steroids, or any other needle sharing activities (outside health care settings).

- Explain that the best way to avoid being infected through needle use is not to share needles or works and to make sure that all needles are cleaned before use. Tell participants,

  "You can not tell by looking at a needle whether it is clean. Any reused needle can still have blood in it. If the blood contains HIV, it can cause infection."

- Review the following steps for cleaning needles.

1. Put the needle into a cup with bleach (Clorox) and fill the syringe.
2. Empty bleach from the syringe and repeat the bleaching step.
3. Flush the syringe by filling it with clean water and emptying it.
4. Repeat the flushing step at least three times.
5. Make sure that the syringe is free from blood and bleach before you use it to inject.

Transfusion with Infected Blood

- Focus on blood exchange. HIV can be transmitted through blood transfusion, but not the act of giving blood. Stress that since 1985, blood in the United States has been tested, so risk is now very slight. Stress that blood transfusions in other countries may pose a threat for the transmission of HIV.

- In the United States, no one can get HIV from giving blood. New needles are used for each blood donor. To protect those receiving donated blood, people who donate blood should not engage in activities that put them at risk for HIV infection.

Drug Use

- Stress that drug use is associated with HIV transmission because repeated drug use can lead to:
  - Blackouts: temporary loss of consciousness.
  - Poor judgement: You engage in behavior that you may not have otherwise engaged in.
  - Exchange of sex for drugs (eg, crack, ice, cocaine, or alcohol)

Hiv and Pregnancy

- HIV infection in children is closely associated with the HIV epidemic in women. Explain that a pregnant woman can pass HIV through the placenta or during the birth process when blood is present.
- Discuss all the ways of transmitting HIV to infants, including through breast milk.
- Discuss the difference between having maternal antibodies at birth and being infected with HIV.
- Explain that infants' immune systems are immature and that the newborn (up to 15 months or more) may show the mother's antibodies and not his or her own. These are called passive antibodies.

HIV Prevention for Infants

- Explain that the best way to prevent infection among children is to prevent infection among women. Indicate that the following recommendations are being carried out to reduce mother-to-child transmission. Pregnant women should receive prenatal care that includes:
  - HIV counseling and testing.
  - AZT treatment for infected mothers during pregnancy and delivery.
  - AZT treatment for infants after birth.

HOW HIV IS NOT TRANSMITTED

This activity should take about 5 minutes.

PROCEDURES

DISTRIBUTE HANDOUT 5.3

- Ask participants to give you examples on how HIV is <u>not</u> transmitted. Clarify and rectify information, if needed. Stress that it is not easy to get infected with HIV.
- Give the "HIV is Not" handout (text and pictures) to members of the groups.
- On the board write "HIV is Not."

- Each person who has a card should read it aloud to the group and post the card on the board under, "How HIV is Not Transmitted." Note that some people fear that HIV might be transmitted in other ways. However, no scientific support for any of these fears has been found.

SAFER SEX

This activity should take about 30 minutes.

PROCEDURES

- Stress that the best way to avoid being infected with HIV is not to have intercourse.
- Explain that if you are having intercourse, the best way to avoid the exchange of body fluids during vaginal or anal sex or through oral sex on a man is to use latex condoms correctly and consistently during each sexual encounter. Explain that the dental dams are a safety measure that may be used when engaging in forms of oral sex that involve mouth to vagina or mouth to anus.

The Female Condom

- Explain that the only female controlled safer sex method to date is the female condom. Proceed with the demonstration.
- Stress that the only contraceptive that can help protect against HIV and other STDs are condoms, not birth control pills, Norplant, diaphragm, sterilization, or tubal ligation.

Condom Demonstration

NOTE TO FACILITATOR

Nosotras Viviremos discourages the use of dildos for condom demonstrations.

- Before introducing this section, explain that: "**This is an explicit condom demonstration that will include the use of a fruit, vegetable, or fingers.**"
- Explain that some women are unable to suggest safer sexual practices or other changes because their partners may be prone to violent or other dangerous reactions to suggestions regarding sex or other changes in the relationship. Some women may be having sexual intercourse against their will. A woman who says that she is afraid of her partner should be believed and urged to use caution in any negotiations, especially on sensitive issues, to avoid possible repercussions.
- Tell participants: "**If anyone in this group needs additional information or has questions about battering relationships, please see me after this session. We have resources we can offer you.**"

NOTE TO FACILITATOR

Provide participants with a list of local resources, such as domestic abuse and rape hotlines, telephone numbers for battered women's shelters, counseling programs, and other appropriate resources.

- Conduct a condom demonstration for use in vaginal, anal, or oral sex. You will need the following materials: latex condoms, bananas, cucumbers, your fist or fingers, lubricant.

- Review the following procedures:

  1. Check the expiration date, open the package, and check the condom for damage.
  2. Do not use teeth, nails, or any other sharp object to open the package as these may tear the condom.
  3. Squeeze the tip of the condom to release excess air.
  4. Roll the condom down to the base of the erect penis (fingers).
  5. After ejaculation, remove the condom, holding the open end to prevent fluid leakage or condom slippage.
  6. Dispose of condom. Do not reuse it.

- Remind participants that there are many reasons why we do not always use condoms.

- State that:

  "Different sexual activities have different levels of risk. It is less risky to perform oral sex - even without a condom - than to have vaginal intercourse. Anal intercourse without a condom is the riskiest activity of all. Giving a man a "hand job" is the safest. If you are in a situation where you are going to have sexual intercourse but cannot use a condom, think about safer-sex activities that do not involve intercourse."

- Explain that the dental dam is a safety measure that may be used when engaging in forms of *oral* sex that involves mouth to vagina (cunnilingus) or mouth to anus (anilingus). The use of the barrier prevents the passage of body fluids.

- Demonstrate the following steps to show how to create an oral sex barrier from a condom:

  1. Open the condom package to make an oral sex barrier using a dry unlubricated condom cut lengthwise.
  2. Place the barrier between the tongue and the stimulated area.
  3. Dispose of the condom. Do not reuse it.

BASIC INFORMATION ABOUT TESTING FOR HIV INFECTION

This topic should take about 10 minutes.

OBJECTIVES

- Provide basic HIV testing information.
- Encourage testing for HIV.

PROCEDURES

- Explain that most HIV tests look for antibodies to the virus. When the virus enters the body, the immune system responds by making proteins called antibodies. The newer and more expensive viral load test looks for the actual virus in blood.
- Explain that HIV antibody testing is not an AIDS test. It's a blood test to determine whether the person has been infected with HIV. This test looks for HIV antibodies. In other words, when a person is infected with HIV, the body starts to respond to the infection by producing antibodies to try to protect itself from HIV infection.
- Explain that it takes the human body from 3 - 6 months or more to begin to produce these HIV antibodies after initial infection (this is known as the window period). The viral load test can detect the virus within weeks.
- Stress that a person must wait until at least three months after the last risk behavior for HIV to get tested. Then repeat the test at 6-month intervals to make sure that the test is correct and make sure that he or she does not engage in any other risky behavior.
- Explain the difference between anonymous and confidential testing and discuss the consequences of testing on immigration status as well.
- Explain that HIV testing should always include counseling before and after the test. This counseling is to help you understand your results, how to protect your own health, and (if you are infected) how to keep from infecting other people.
- Provide participants with the phone number of the local health department for counseling and testing information and services.

PREVENTING HIV INFECTION

This topic should take about 10 minutes.

OBJECTIVES

- Reinforce abstinence as the most effective way of preventing HIV infection.
- Reinforce condom use as an effective way to prevent HIV infection.

PROCEDURES

- Reinforce that the only way to prevent infection is to avoid behaviors that put you at risk. The best ways to prevent transmission are:
  - Not having sex. Abstinence.
  - Always using a new condom each time you have intercourse.
  - Not sharing needles with an infected person.
- Reinforce that condoms are an effective way to prevent transmission. The proper and consistent use of latex condoms when engaging in sexual intercourse —vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases (STDs), including HIV infection.
- Explain that latex condoms, not lambskin condoms, provide a barrier to HIV. For maximum protection, condoms must be used correctly.

TREATMENT

This topic should take about 10 minutes.

OBJECTIVE

- Provide participants with basic information about medical treatment.

NOTE TO FACILITATOR

Treatment options are constantly changing. As a *"Nosotras Viviremos"* facilitator, you are responsible for providing basic information. You are not expected to be an expert on HIV/AIDS. The following is a brief explanation on treatment that is appropriate for this program.

A Word About New Drugs and Their Limitations

Protease inhibitors are new types of drugs to treat HIV infection. They work by inhibiting the HIV protease enzyme. When this enzyme is blocked, the virus cannot reproduce. When protease inhibitors are taken in combination with other anti-HIV drugs, they have been shown to reduce levels of the virus, sometimes dramatically. Once the levels of virus are reduced, the CD4 (T-cells) increase and thus reduce mortality (death) rates.

Some HIV-positive people who have taken combination therapies experienced enormous improvements in their health and well-being. Unfortunately, not all HIV-positive people experience these benefits. Some people experience side effects.

The drugs have a number of limitations. Besides their cost, which limits access by the poor, they are complicated to use correctly. For example, some new drugs require refrigeration, which is nearly impossible for someone living in temporary housing or who spends all day working outdoors. If the drugs are not used correctly or consistently, strains of HIV that are resistant to current drugs could emerge. Protease inhibitors have not yet been studied over the long-term, so no one is sure how long the benefits of new drugs will last or whether chronic use will lead to significant toxicity.

- Encourage people to get further information by contacting their city, county, or state health departments, the Centers for Disease Control and Prevention (CDC), and any local or national AIDS information entity.
- Explain that to date, no cure for HIV/AIDS exists. However, recent treatments have shown dramatic effects on people living with AIDS. As a result of these developments, some people are living longer and healthier lives.
- Explain that you will be available for the next half-hour or so to answer individual questions or concerns. Remain until you are sure that everyone has gotten a chance to speak to you privately.

ASSESSMENT OF LEARNING

This topic should take about 10 minutes.

PROCEDURES

- At the end of this session ask participants to answer the following questions:
  - What was the most important thing that we learned in this session?
  - How can we learn more about this issue?
  - Now that we have this information what will we do?

NOTE TO FACILITATOR

Write participants responses on newsprint. Keep the newsprint with complete answers for program evaluation purposes.

6

LOS CONSEJOS: HOW TO TALK TO YOUNG WOMEN ABOUT SEXUALITY

GOALS

This unit suggests a number of procedures to facilitate communication between adults and young women around issues of sexuality, including STDs/HIV.
Participants will be able to develop "consejos" that promote a healthier sexuality among girls and adolescents.
Facilitators will also assist participants in following age appropriate guidelines for sexuality education and STD/HIV prevention.

TOPICS

1. PREPARING OUR GIRLS AND ADOLESCENTS TO LIVE HEALTHIER SEXUAL LIVES (15 MINUTES)
2. MOTHERS AND DAUGHTERS: REVIEWING COMMUNICATION ISSUES (15 MINUTES)
3. GUIDELINES FOR SEXUALITY EDUCATION AND STD/HIV PREVENTION (30 MINUTES)
4. ACONSEJANDO: PRACTICING GIVING CLEAR MESSAGES (60 MINUTES)
5. ASSESSMENT OF LEARNING (10 MINUTES)
6. PROGRAM SYNTHESIS: AN INTEGRATION OF KNOWLEDGE, MOTIVATION, ATTITUDES AND SKILLS (30 MINUTES)
7. CLOSING CEREMONY (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Copies of handouts

PREPARING OUR GIRLS AND ADOLESCENTS TO LIVE HEALTHIER SEXUAL LIVES

This topic should take about 15 minutes.

OBJECTIVES

- Create awareness among Latina adults that girls and adolescents want to receive information and discuss sexuality topics with mothers or someone they can trust.
- Address the issues influencing the communication between Latina adults and Latina girls/adolescents.

PROCEDURES

- Read the following quotes aloud:
  - "Our tradition is not to talk with our children about sexuality." (Josefina, mother, age 30)
  - "[Mother] open your eyes, we are not in the world that you were born. We are not from your generation. Do not treat me the way your parents treated you. [Mother], you need to realize that things have changed." (Pilar, adolescent, age 13)
- Explain that to prepare our daughters for today's world, we cannot expect them to learn about sexuality the same way we did. Today, there are many diseases from which we need to protect our children and ourselves. For this reason, it is very important to talk to girls and boys from an early age about how to make healthy choices, how to stay sexually healthy, and how to live healthy sexual lives.
- Explain that Latina girls and adolescents want to receive sexual information from their parents, specifically their mothers, aunts, and older sisters.
- To help participants realize how girls and adolescents are thinking about sexual education, give three or four examples from the table below of what female adolescents said about sexual education.

BEST COPY AVAILABLE

Advice Girls Want to Give Adults About Sexuality Education

- "Giving girls information about sexuality prepares them for life."
- "The best person to teach her daughter about sexuality is her mother."
- "It's important that the mother build a trust "le de confianza" with her daughter."
- "Start little by little to prepare the girl. It's a step-by-step process."
- "Adults need to start talking first. They should start the conversation."
- "Be clear and specific. If [your daughter] tells you, 'I do not understand', try to be more specific."
- "Do not hurry, spend some time explaining."
- "Do not laugh at what the girl says."
- "Sometimes we feel embarrassed and shy. Talking about this topic is hard."
- "If I know that the adult knows about the topic I will feel more comfortable ('mas confianza') talking."
- "Before teaching a daughter how to use a condom, there needs to be an orientation about sexuality from the parents to the daughter."
- "Girls should get information at an early age, before nine years old. Girls get pregnant or have infection at an early age."
- "When girls are 11, 12, and 13 years old they start hearing things about sexuality. If they do not have the information they get confused."

MOTHERS & DAUGHTERS: REVIEWING COMMUNICATION ISSUES

This topic should take about 15 minutes.

OBJECTIVES

- Raise women's awareness and understanding of other women's similar or somewhat different experiences associated with talking about sexuality.
- Acknowledge that all these experiences are normal.
- Review some of the issues that Latinas face when they talk or do not talk about sexuality with young people.

PROCEDURES

- Explain that the purpose of this section is to briefly review some of the issues that Latinas face when they talk or do not talk about sexuality with young people.
- Ask participants: "What makes it difficult to talk to girls and adolescents about sexuality?" or "What are the barriers to having a conversation on issues of sexuality with girls and adolescents?" and "What makes it easy to talk to girls and adolescents about sexuality?"
- Write their responses on newsprint or on the board. Encourage group discussion and help participants reflect on their responses by asking: "Why do you think these situations occur?"

NOTE TO FACILITATOR

Do not spend too much time in the discussion. The goal is to help participants describe some of the communication issues that they might be encountering. Do not assign value or judge the communication issues described. On the contrary, validate them as a normal part of daily life experience.

USE HANDOUT 6.1.

- Briefly present to the group how other Latina farmworker adults and adolescents describe the issues they encounter when talking about sexuality.

GUIDELINES FOR SEXUALITY EDUCATION AND STD/HIV PREVENTION*

This topic should take about 30 minutes.

OBJECTIVES

- Present age appropriate guidelines for sexuality education and STD/HIV prevention.
- Practice with "consejos" to increase communication skills around issues of sexuality.

PROCEDURES

DISTRIBUTE HANDOUT 6.2.

- With the group, review each developmental stage on the handout and answer participants' questions. If participants ask questions you cannot answer, tell them that you will find out and get back to them later.
- Make clear that sexuality education is not a single event; it starts from the moment the baby is born. What we do, what we say, and how we treat the baby communicates our values.
- Ask participants to form groups of three or four. Give each group a different life situation to work on and to develop a "consejo" to a girl or adolescent.
- Explain that to develop these "consejos," they can use the information provided in the guidelines plus their own personal experience.
- Add that no response is correct or incorrect. "Consejos" are effective if they help guide the behavior, values, and attitudes of a child or adolescent. Give them some tips regarding what the "consejo" should include.

  1. Check your child's knowledge about sexuality and HIV/AIDS.
  2. Allow your child to finish talking before you respond.
  3. Include your values about sexuality.
  4. Give basic facts about sexuality and health.
  5. Make your "consejo" simple.
  6. Ask for feedback. Is that what the child is asking for?

- Acknowledge that talking about sexual health sometimes requires the use of language and terms that make people feel uncomfortable at first, especially when they are not used to using that language. Add that the purpose of this exercise is for them to practice with that language so they can start feeling more at ease.
- After each group has decided how to "aconsejar" a girl or adolescent, ask members of the group to pick up a role (girl/adolescent and female adult). They will convey their "consejo" to the rest of the group by role-playing a situation.

* This section was adapted from *Finding Our Voices: Talking to Our Children About Sexuality and AIDS*, Mother's Voices.

- Do not forget to thank participants for their effort.

PROCESS QUESTIONS

- Any comments or observations?
- What did you learn with this exercise?
- In your opinion, how appropriate were the "consejos"?
- Did the adult state the basic facts about sexual health, reproduction, STD/HIV and safer sex? Name the appropriate facts according to the case. If the answer is no, review with the group those facts. Re-enact the role-play with the correct information.
- Were you able to know what the child's knowledge about sexuality and or STD/HIV was?
- How would you change the "consejos" for other age group (name the age group)?

Infants

- Review handout with guidelines for infants.
- Explain that this is the best time to start building a relationship of trust so in the future children can talk about sexuality.
- Reaffirm that it is very important to use the correct names of the body. This will build a foundation to talk about sexuality in the future.
- Using handout with picture of body ("Alex"), review the names of body parts with the group. Add that if they want to use other names for the genitals it is okay as long as they also use the correct names. Ask participants to give you examples of activities of when it will be appropriate to teach infants the names of their body parts (e.g., when dressing the child, when the child is taking a bath, when the child starts exploring part of her body like her hands and feet).

Toddlers

- Review the handout with the guidelines for a toddler.
- Highlight the importance of teaching our children to take care of themselves. For example, washing their hands, brushing their teeth, using the seatbelt in the car. This builds the base to teach the children, when they are older, how to take care of themselves and stay sexually healthy.
- Emphasize that toddlers are curious about the difference between men and women. Add that it is important to act calmly when toddlers touch their genital area. By doing this, adults are teaching that sexual sensations are normal and healthy.
- Make clear that to build a relationship of trust and respect between mother and daughter, where conversation around sexuality can take place, it is important to respond to the child's needs, to hug them, and to talk to them.
- Ask participants to role-play one of the following situations.

Toddler Role Play Situations

1. María Elena is changing her 3-month-old son's diapers. Blanca, her 3-year-old daughter, points at her baby brother's penis and asks, "Mamma, what is this? Why don't I have that?" If you were the mother what would you do?
2. Rosario, 4 years old, is very excited to find out that boys and girls are different. Girls have vaginas and boys have penises. She likes to follow people to the bathroom to see if they are boys or girls. What would you do?

Pre-Schoolers

- Review the handout with the guidelines for a preschooler. Explain that children at this age are conscious about the sexual differences between a male and a female. The best thing that parents can do is to create an environment where children feel comfortable asking questions about their body, about health, or about sexuality
- Ask participants to role-play one of the following situations.

Pre-Schooler Role Play Situations

1. Your sister is pregnant. She is having her baby next month. Your niece, Marianela, who is 5 years old, wants to know how babies are born. What would you say?
2. You are pregnant and your daughter, Maria, who is 5 years old, asks, "How did the baby get in your tummy?"

School-Aged Children

- Review the handout with the guidelines. Assert that kids at this age need to know how HIV is transmitted and that people who are infected with HIV are not bad people nor do they do bad things. Add that a child who has a classmate infected with HIV needs to know that playing or studying with this boy or girl will not infect her/him. At this age, children are able to understand simple responses based on concrete examples in their daily life

❖ Ask participants to role-play one of the following situations.

School-Aged Children Role Play Situations

1. You pick up your daughter from school. As you walk home she asks, "How do you know when you are going to have a baby? I want to have a brother. Can we get a baby brother today?"
2. Your niece goes with you to the super market. You buy a package of sanitary napkins and she asks, "What is that for?" "Do you use diapers?"
3. Nancy, 8, is playing with her dolls and asks you, "Why can't men have babies?"
4. You learned that several girls in the neighborhood are pregnant. What would you tell your daughter, Teresa, who is 10 years old?
5. Your daughter, Cristina, is watching a movie on TV. The movie shows a scene with a man and woman kissing in bed. What would you do or say to your 9-year-old daughter?
6. You see that your 8-year-old niece, Veronica, is developing physically very fast. Her mother does not want to talk to her and explain her body changes. She asks you to do it. What would you say to Veronica? Where would you talk to her? What advice would you give to Veronica's mother, Violeta?

Preteens

❖ Review the handout with the guidelines.

❖ Explain that the guidelines are recommendations to guide parents about what children can understand at different ages. Adults can adapt these guidelines so they can meet the informational needs of the children.

❖ Ask participants to role-play one of the following situations.

Preteen Role Play Situations

1. Valentina, 12, just learned that her cousin Maria, 14, is pregnant. What would you do or say to your daughter Valentina? What would you say to your niece Maria?
2. Marisol, 11, wants to go to a party and stay overnight. She argues that all her friends can do it. What would you say?
3. You are traveling with your daughter Maribel, 11, to your friends house, an hour away from home. You want to start a conversation about her period and other things. How would you start the conversation? What would you say?

Early Adolescents & Adolescents

❖ Review the handout with the guidelines.

❖ Advise participants that whether they agree or disagree with early sexual intercourse, many youth are sexually active. Therefore, there are basic facts that all youth need to know.

❖ Ask participants to role-play one of the following situations

Teen Role Play Situations

1. You are talking with your 12-year-old daughter about body changes that she will experience, such as menstruation and breast development. You also talk about the implications of sexual relations and how to use protection. She asks you, "How do you know if you are prepared to have a sexual relationship?" What would you say?
2. You brother-in-law is sick. He contracted HIV about 8 years ago. Now he has AIDS. Your daughter has heard several family conversations about his sickness. She comes to you and asks, "How did Uncle Juan get AIDS?" What would you say?
3. Your niece comes to you and says, "Aunt Ester, Pablo is asking me to prove to him that I love him. He wants me to have sex with him. What should I say?" What advice would you give?
4. Your 18-year-old daughter, Rosario, is beginning to go out on dates and parties. You want to talk with her about the dangers and consequences of drug use. What do you say?

NOTE TO FACILITATOR

Remind participants that:

The best way to prevent HIV infection is abstaining from having sexual intercourse.

- The best way to prevent HIV infection is to have an exclusive long-term relationship with one partner.
- For those adolescents who are sexually active, they need to know how to access and use latex condoms when they have vaginal, anal, or oral sex.
- Adolescents should not use drugs or alcohol, because these substances affect their decision-making ability. Adolescents should not share needles of any type.

❖ Take a break before the next activity.

ACONSEJANDO: PRACTICING GIVING CLEAR MESSAGES

This topic should take about 60 minutes

OBJECTIVES

- Participants will be able to distinguish between ambiguous and clear messages.
- Through exercises and role-plays, participants will have a chance to practice delivering clear, consistent, and correct information about sexual risk taking to their daughters.

PROCEDURES

- Tell participants that now that they have learned important facts about HIV/AIDS and other STDs, examined their own experiences regarding sex and sexuality, as well as what is appropriate to tell children at different ages, it is time to practice clear ways to talk to their girls about issues of sex, sexuality, and other issues associated with sexual risk taking. You may say, "In this exercise, we will learn and practice the difference between clear and unclear communication. Or, clear versus ambiguous communication."

- Remind participants that giving correct and clear information is the most important step to help their girls stay healthy and avoid being infected with HIV and other STDs, to avoid becoming pregnant and.to avoid other risky situations such as using drugs. Stress that it is okay not to know the answer to everything their children may ask.

- Remind them that it is better to say you do not know than to give a wrong or unclear answer. If they do not know the answer to a question, they should be honest and tell the child that they do not know. Encourage the parent to use this opportunity to find out the information with their children.

FACILITATOR ROLE-PLAYS

⏳ **This activity should take about 30 minutes.**

PROCEDURES

❖ Provide participants with the following examples of ambiguous (unclear) and unambiguous (clear) messages we may be giving our girls. Read the following situation.

Role Play Situation

Marta has a 12 year-old daughter, Elena. Elena's body is changing and she got her period. She is starting to become interested in boys. Marta is afraid her daughter might become pregnant soon, so she tries to "aconsejar" her daughter about boys.

Ambiguous/Unclear:

Mother: "Elena, you are growing up and you better be careful. I think it is time that you and I talked about the facts of life. I want the best for you but you don't seem to worry. Believe me, you can get into a lot of trouble if you don't pay attention to what I have to say. You don't want to be like me and have three kids by the time you are twenty. I have sacrificed for you and I don't want you to end up like me. Now that you are a "señorita," boys are going to want to take advantage of you. It is up to you to behave like a decent girl."

Unambiguous/Clear:

Mother: "Elena, you are growing up so fast. Now that you are old enough, I would like to talk with you about your changing body and what to expect. I love you and want the best for you. That is why I would like to talk with you as frank and openly as I can about sex and sexuality. I want you to learn how you can take care of yourself and your body so that you can stay healthy and happy. I want you to have many more opportunities than I did, especially educational opportunities so that you can have a better future. My mother never talked to me about sex and sexuality, so I never knew how to take care of myself. Now that you have your period, your entire body will be changing, and you will experience different feelings about sex and sexuality. I want to talk to you about sex, and how to avoid unsafe or risky situations that may lead to pregnancy and sexually transmitted diseases, especially HIV and AIDS. I trust and love you and I know that with these "consejos" you will be prepared to make the right decisions."

PROCESS QUESTION

■ How can Marta "aconsejar" Elena in a more effective and clear manner?

PARTICIPANTS' ROLE-PLAYS

⏳ **This activity should take about 30 minutes.**

PROCEDURES

- Have participants break up into even numbered working groups. In order to motivate a discussion, present the following situations by reading them aloud one at a time.
- After each situation, allow ten minutes for each group to discuss process questions and share "consejos" with the group.

Situation 1

María, who is 9 years old, found out that her favorite cousin Carmen, who is 15, is pregnant. She asks her mother, Evelyn, to tell her what happened. Evelyn, who is upset, embarrassed and does not know what to say, tells Maria that this is not her business, that it is grown-up conversation and that she should not be so nosey. Evelyn wants to tell María, but does not know how to approach the conversation. She feels embarrassed and feels guilty about having talked to her daughter in that way. The next day, she attempts to talk to María about Carmen's pregnancy and the conversation goes like this:

Mother: "María, what happened to Carmen can happen to you. That is what she gets for being so fresh. Sometimes when girls don't listen to what their mothers say about those things, bad things can happen to them. Boys are boys and they can't help themselves. It is up to the girls to be decent and not to let it happen to them. I hope that you take care of yourself and not let it happen to you. You know that in today's world many other things can happen to you, and that if they do, they can ruin your life."

PROCESS QUESTIONS

- María feels confused and upset. Reviewing what you have learned so far, how can you help Evelyn communicate more clearly with her daughter about Carmen's unplanned pregnancy?
- How can you "aconsejar" María using a more effective and clear communication style?

Situation 2

Guadalupe who is 19 years old is married to Juan who is 27. Juan came to work the fields two years ago from Mexico. Guadalupe just got to (whatever state you are working in) and doesn't know anyone. She is pregnant with her first baby. Guadalupe seems shy and is always at home. She doesn't like to talk with anyone and is always in the house. She misses her mother, especially now that she is pregnant with her first baby. One day, Guadalupe confides in you that she feels lonely and that she is afraid because Juan is always going out to the cantinas with the guys to drink and doesn't come home until he spends all of his money. She heard that there are women who go to the cantinas to seduce the men and take all their money. Guadalupe is very upset. She tells you that her husband comes home late, drunk and hits her sometimes. She is afraid of losing her baby and of what can happen to her. She does not know what to do; she loves Juan but is very afraid of him and does not want to confront him.

PROCESS QUESTION

- Guadalupe asks you for "consejos." Given the information that you have, how can you "aconsejar" this young woman?

Situation 3

Aracely is 30 years old. She came to the United States when her daughter, Gloria was 5 years old. That was 10 years ago. Now, Gloria is 15 and has grown up mostly in the United States. Gloria is beginning to hang out with older kids who are 19 and 20 years old. Aracely is afraid. She heard that in (whatever state you are in) there are a lot of drugs and drug dealers. She heard that many young people, especially young girls, are starting to use drugs which older boys are giving to them. Gloria wants to hang out and stay out late at night. She is doing OK in school, although her grades have dropped, and she seems more interested in her friends and boys than she is in school lately. Aracely doesn't like the way Gloria dresses, the music she listens to, or the way she is acting. She thinks that she is acting like a "gringa" and that she is too friendly to the boys. Aracely, who is afraid that her daughter might use drugs and become sexually active, tries to talk to her daughter because she loves her and wants to "aconsejar" her. She doesn't want her daughter to become pregnant like she did when she was 15. Aracely loves her daughter and wants a better life for her. That is why they decided to come to the United States to work hard so that her daughter could get a better education, have better opportunities, and have a better life. One day, when Gloria comes home from school and is ready to go out, Aracely says:

Mother: "Mira, where do you think you are going dressed like a prostitute? Get over here, I am going to wipe that makeup right off your face. I have been watching you for a while and you seem to think you can do whatever you want. You know that while you live in my house, under my roof, you have to do what I say. I don't like your friends, especially that older guy you have been hanging out with. What are you doing? Are you doing drugs too? I am going to tell you something señorita, the day that you come home with a belly, that will be the day I will kick you out of my house. I am sick and tired of working so hard so that you can run around like a "loca" so you better stop acting like a "gringa" and start listening to me. You are so ungrateful just like your cousin Carmen and look at what happened to her. I am not going to support you so you can do what you want. You have changed and if you keep it up, you will see what will happen to you. You better listen to me "señorita," or I am going to have to send you back to Mexico. I would rather do that than watch you ruin your life. I know what happens out there, I am not as ignorant as you think. Just because you are being raised in the United States and have more education, that doesn't mean you are better than I am or that you can do what you want. If you don't like my rules, then get out of my house."

Aracely was so angry and worried that she was out of control. The angrier she got, the more defensive Gloria got. The argument got so out of control that Aracely insulted Gloria; she even smacked her. Gloria left the house crying, saying she never wanted to return. Aracely felt awful, so did Gloria.

PROCESS QUESTIONS

- What do you think of this situation?
- Is this scenario familiar to you?
- What do you think about Aracely's communication style?
- What do you think might happen between Aracely and Gloria if they continue to communicate in this manner?
- What do you think can happen to Gloria?
- What would be the most effective and clear way to communicate in this situation?

ASSESSMENT OF LEARNING

This topic should take about 10 minutes

PROCEDURES

- At the end of this session ask participants to complete the following sentences. Write the questions on a flipchart, read them, and ask them to reflect upon these questions individually. Allow at least 5 minutes for reflection. Ask if anyone would like to share her thoughts with the large group.

  - **The most relevant thing I learned in this session is...**
  - **In light of the above, I plan to do the following more often...**
  - **In light of the above, I plan to do the following less often...**
  - **I see these possible barriers to accomplish these changes...**

NOTE TO FACILITATOR

Keep the newsprint with participants' responses for program evaluation purposes.

PROGRAM SYNTHESIS: AN INTEGRATION OF KNOWLEDGE, MOTIVATION, ATTITUDES & SKILLS

⌛ **This topic has one activity. It should take about 30 minutes in total.**

OBJECTIVES

- Review and analyze the root causes of HIV/STDs and their impact on the farmworking community.
- Take a critical look at the AIDS epidemic and emphasize the importance of information and communication skills in the prevention of HIV/STDs.
- Reinforce and integrate concepts presented throughout the curriculum.

PROCEDURES

❖ Lead participants into a discussion about the following questions:

PROCESS QUESTIONS

- What causes HIV infection?
- What problems can HIV/AIDS create for my family, my community, and me?
- How can I help stop this disease in my community?

ASSESSING THE CAUSES & CONSEQUENCES OF HIV INFECTION

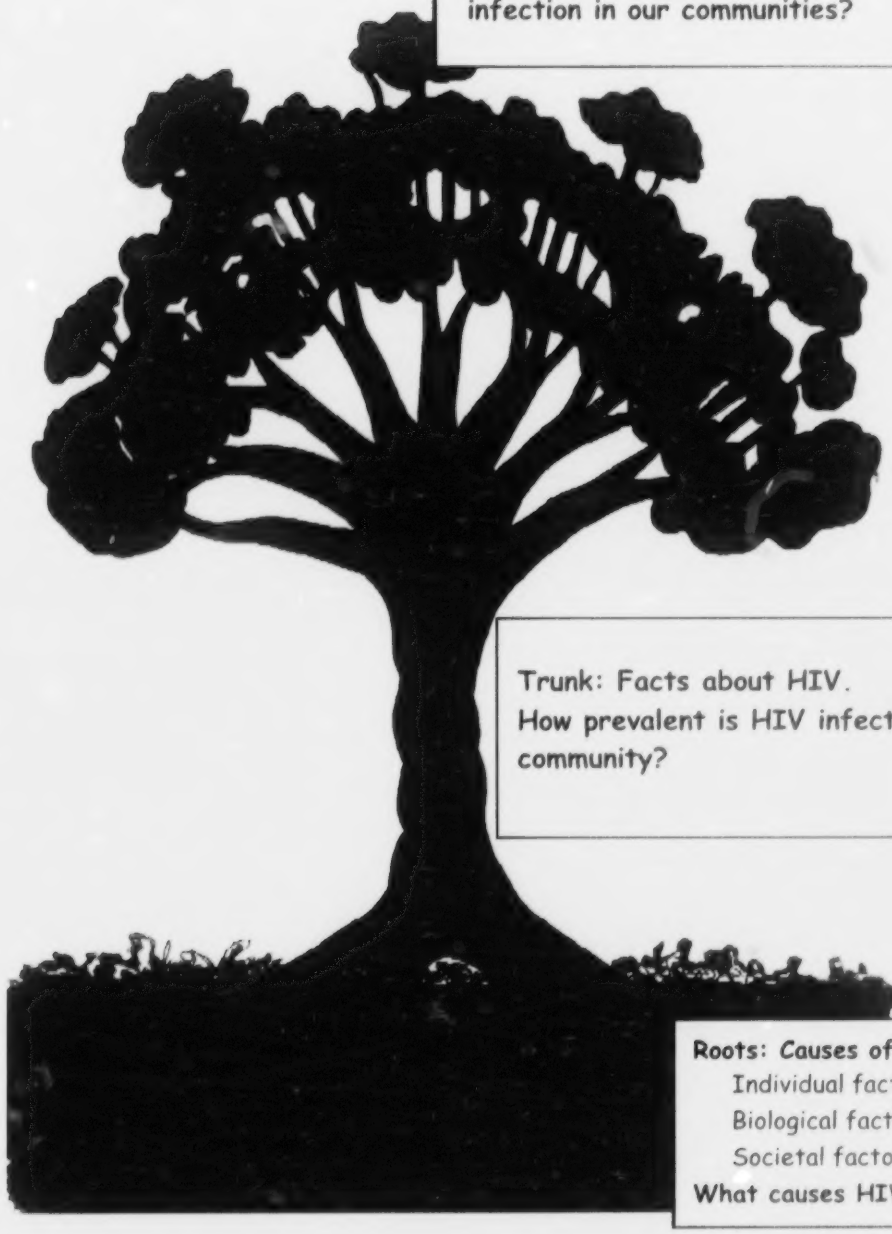
⌛ **This activity should take about 30 minutes.**

PROCEDURES

NOTE TO FACILITATOR

This activity will use a tree as a guiding metaphor. This metaphor will give the participants a concrete image that they can use to assess, organize and make sense of HIV/AIDS from an individual, biological, and societal perspective. Using different parts of the tree, participants will analyze and connect causes and consequences of HIV infection in their communities. For example, the roots represent the causes of the disease. The trunk represents the facts about HIV. The branches represent the consequences of HIV infection at the individual, family, and community level.

❖ On newsprint, draw a tree with three parts: trunk, roots, and branches (see the picture next page).



Branches: Consequences of the problem.
What are the consequences of HIV infection in our communities?

Trunk: Facts about HIV.
How prevalent is HIV infection in our community?

Roots: Causes of the problem
Individual factors
Biological factors
Societal factors
What causes HIV?

The Roots: Analyzing The Causes of HIV Infection

❖ Explain that the group is going to brainstorm about factors that contribute to HIV infection. Record each response on an index card and place them at the roots of the tree.

❖ To help the brainstorming process, ask the group the following questions (one at a time)!

PROCESS QUESTIONS

- What do you think causes HIV? What have you heard about the causes of HIV?
- Why do you think youth get infected with HIV?
- Why do you think females are infected with HIV?
- Why do you think farmworkers are infected with HIV?

❖ As participants respond to these questions, take the group to another level of analysis by asking the question, "WHY?" to their responses. Keep on asking "WHY?" to their responses until answers become repetitive and concrete.

NOTE TO FACILITATOR

Below is an example of how to effectively carry out the brainstorming process.

Example of Brainstorming Process

Question: ***"Why do you think youth get infected with HIV?"***

Response: *"Because they don't protect themselves."*

Question: ***"Why don't some youth protect themselves?"***

Response: *"Because they think that it will not happen to them."*

Question: ***"Why do youth think they will not get infected or it is not going to happen to them?***

Response: *"Because they do not know how HIV is transmitted."*

Question: ***"Why do you think youth are ignorant about the disease?"***

Response: *"Because they do not want to hear about it."*

Question: ***"Why don't youth want to hear about this disease?"***

Response: *"Because they are afraid to die."*

❖ Repeat this process with the four questions or until you have enough responses.

❖ Help participants organize these responses in three categories: individual risk factors, biological risk factors, and societal risk factors. Explain each factor.

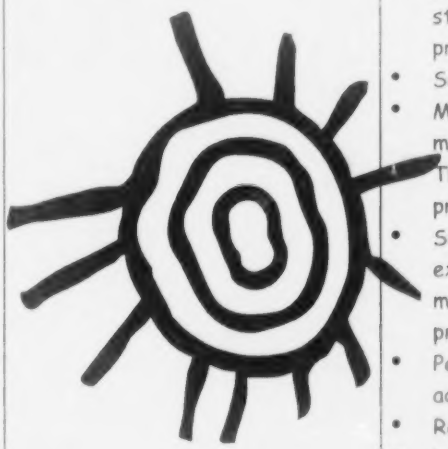
- Individual factors: Situations that put individuals at risk because of their attitudes, behaviors and actions.
- Biological factors: Risks that exist because of the biology of the human body.
- Societal factors: Social, economic, and cultural conditions that increase the risk of exposure to HIV.

❖ Read the responses to the group and ask the women to put the responses in the appropriate categories (individual, biological, societal). As you do this, reorganize the roots of the tree in three main sections. Each section will represent each factor (see picture).

❖ Compare the list of examples with the group responses. Is there anything that you would like to add? If needed, add two or three important factors not considered by the participants.

Examples of Risk Factors

Individual factors	Biological factors	Societal factors
• Engaging in unprotected sex (vaginal, anal, oral.) • Having multiple sex partners. • Having faithful relationships but changing partners often. • Drug or alcohol use. • Not getting treatment for STDs. • Sex during monthly menstrual period. • "Unplanned" sex. • A pregnant woman infected with HIV who does not take her AZT (she increases the risk of infecting her baby). • Lack of information about transmission and prevention of STDs including HIV. • Not knowing the HIV status of sexual partner. • Not knowing what to do to prevent transmission. • Not recognizing STD symptoms. • Lack of knowledge about the body, sexuality, and sexual development. • "It is not going to happen to me" attitude. • Lack of negotiation skills to postpone sex or to use a condom. • Thinking, "if he loves me, he would not hurt me."	• Gender: Women are more vulnerable to HIV infection from sex with an infected partner than are men. • Age: Adolescents and young adult women under the age of 25 are at a higher risk for HIV. • Having an STD. STDs increase HIV susceptibility in women. • Mother to child transmission. HIV can be transmitted from a mother to child during pregnancy, labor, and delivery or by breastfeeding.	• Lack of employment opportunities. • Migration (short or long). • Immigration status (fear if person is illegal). • Refugees/displacement. • Traveling or working away from home. • Poverty. • No access to health care services, no health insurance. • Language barriers. • Illiteracy (e.g. no access to health care information). • Gender discrimination (sexual decision making is based on fear or on economic pressure). • Gender dynamics (imbalance of power between men and women, strict adherence to gender prescribed roles). • Sexual abuse. • Mistreatment in an oppressive marriage. • The myth that marriage is a protection from HIV infection. • Sexual expectations (for example: have sex to prove manhood or fertility, or sex to prove love). • Peer pressure among adolescents to have sex. • Religious beliefs. • Lack of female controlled methods to prevent HIV/STDs.



The Branches: Analyzing The Consequences Of Hiv Infection

- Inform the group that in the next activity they will be working on the branches of the tree. Divide the branches into three levels. The bottom of the branches will represent the individual, the middle branches the family, and the top branches the community (see picture).
- Ask questions from the list below to help participants think about the consequences of HIV/AIDS. Select one or two questions per category. Each group of questions is intended to elicit responses that describe the consequences of HIV infection at the individual, family and community level.
- Write down participants' responses on index cards and tape them on the branches.
- Explain that these are some of the costs or consequences after becoming infected with HIV. There are individual costs, family costs and costs for the community.

PROCESS QUESTIONS

Questions to elicit the consequences that HIV has on the individual

- What can happen to a 25-year-old woman who is infected with HIV? What would her future look like? How will her life change?
- What can happen to an adolescent who becomes infected with the virus? What would her future look like? How will her life change?
- What can happen to a 26-year-old woman who was infected with the virus at 16, and who now has developed AIDS? What can she expect for her future?
- What can happen to a baby who is born to a mother who has HIV? What would his/her future look like?

Questions to elicit the consequences that HIV has on the family

- How will a family's life change if the father, 35 years old, has HIV/AIDS?
- How will a family's life change if one of its members has HIV/AIDS?
- What can happen to a family if the mother is infected with HIV/AIDS?
- What can happen to a family if the grandmother is infected with HIV/AIDS?
- What can happen to the children if both of their parents have HIV/AIDS?

Questions to elicit the consequences that HIV has on the community

- What can happen to a community if many of its members are infected with HIV?
- What can happen to a community if those members who are infected with HIV are not getting medical treatment?
- What can happen to a community if those members who are infected with the virus do not use protection and transmit the virus to others?
- What can happen to a community where there is risk of HIV infection but only 15 percent of the population has access to health care services?
- What can happen in a community if HIV infection is more common among women under 25 years old?
- What can happen to a community if its members do not know their HIV status?
- What can happen to a community if its members think HIV infection and AIDS is not going to happen to them?

The Tree: Thinking About Solutions to HIV/AIDS

- Ask the group what they can do to influence the growth of a tree or plant. Some responses might be: "water the plant," "give the plant less water," "protect the plant from the sun," "put the plant under the sun," "add nutrients," "cut the branches to redirect the growth," "change the soil," etc.
- Explain that we can influence the development of HIV in the same way we influence the growth and shape of a tree or plant. If we modify the root causes or risk factors, we can prevent people from becoming infected, and we can change the course of this disease.
- Explain to the group that these training sessions are intended to increase their knowledge and skills to protect females in the community from becoming infected with STDs, including HIV.
- Ask participants to form groups of three. Using the list generated during the brainstorming process, ask each group to choose at least four causes or risk factors (the roots of the tree) that they would like to change and explain what change they will make. Write down their responses on newsprint.
- Review responses to ensure that the changes needed are correct.

NOTE TO FACILITATOR

- The following is a sample of common risk factors that participants may mention.

Risk Factors	Change Needed
• Mother to child transmission. HIV can be transmitted from a mother to child during pregnancy, labor, and delivery or by breastfeeding.	• Prevent infection in women.
• Lack of knowledge about the body, sexuality, and sexual development	• Educate females about their body and how it works.
• Lack of information about transmission and prevention of STDs, including HIV	• Learn and teach others about HIV transmission and prevention as well as other STDs.
• Engaging in unprotected sex (vaginal, anal, oral.)	• Use protection. Always use a latex condom.
• Having an STD. STDs increase HIV susceptibility in women.	• Seek treatment for STDs.
• The myth that marriage is a protection from HIV infection.	• Learn the facts about HIV and discuss them with husband. Get tested.
• Peer pressure among adolescents to engage in sex.	• Teach adolescents how to deal with group pressure.

CLOSING

⏳ **This topic should take about 10 minutes.**

PROCEDURES

NOTE TO FACILITATOR

During the program participants have come to know each other and to know different aspects about themselves as well. Now it is the time to think about what they have accomplished in this program and to decide what skills they want to try in the future. For this purpose you may introduce a new technique that involves the intuitive, imaginative and creative part of the brain. As a facilitator you will guide participants to experience this new process of visualizing their experiences and skills. This visualization activity is useful in helping participants get in touch with their feelings, and to try new learned skills.

- Ask participants to close their eyes, relax and breathe deeply. The purpose here is to help them relax so that they can visualize the following exercise. Read the following visualization aloud and slowly.

Closing Visualization

"Think about your daughter and your feelings towards her. Remember good and bad experiences with her and how you have dealt with them.

Remember a situation with your daughter in which you were not able to say what you really wanted regarding sex, sexuality or other adolescent issues. You wanted to help her and give her the right information, but you couldn't because you did not know how at that moment. Think about how you felt at the end of the conversation. (Wait a few seconds).

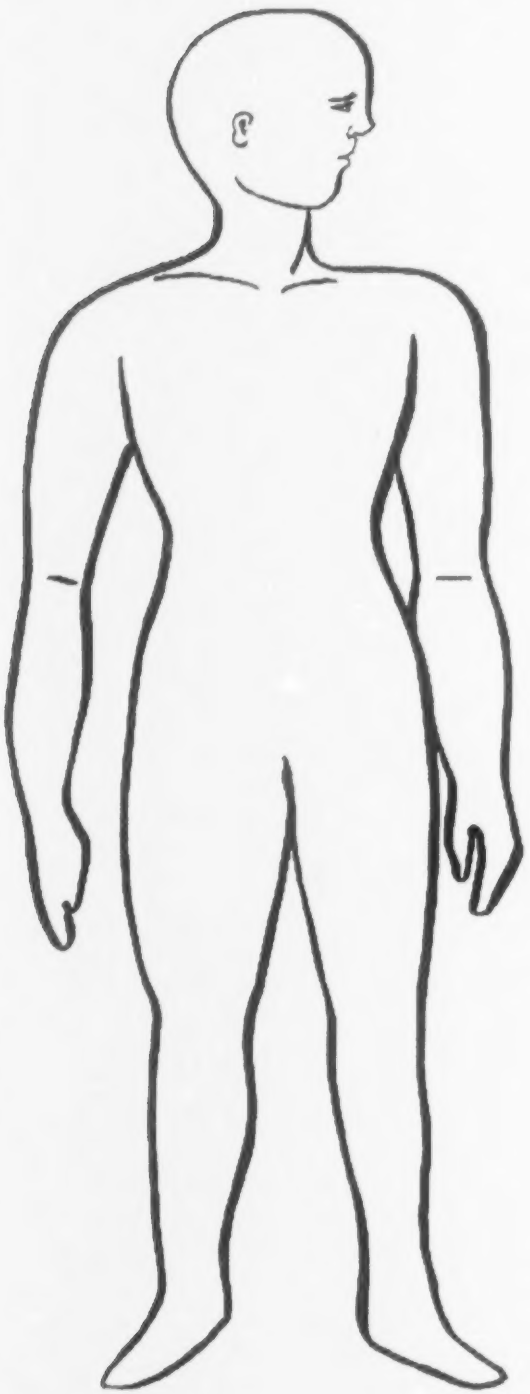
Now, think about what you have learned during these sessions and all that you have accomplished. Imagine you are in that situation again, but you are able to talk to your daughter positively. What would you say? How would you handle the situation differently? Do you feel more confident addressing these issues with your daughter? How do you feel? How do you think your daughter will feel? How would your relationship with your daughter improve? (Wait a few seconds). Remember you have the love and the tools you need to have a close relationship with your daughter. The rest is only practice."

- After a few minutes, ask volunteers to share their visualizations by describing their behaviors and how their behaviors and ways of thought have been affected by what they have learned in this program. Then ask if this "new behavior" would be a desirable and appropriate behavior in their lives, and why.
- Congratulate the participants for successfully completing the *Nosotras Viviremos* sessions. You may conclude with a ritual or ceremony of your choice, i.e. a small "graduation" with refreshments. Close by giving each participant a *Nosotras Viviremos* Certificate of Completion.

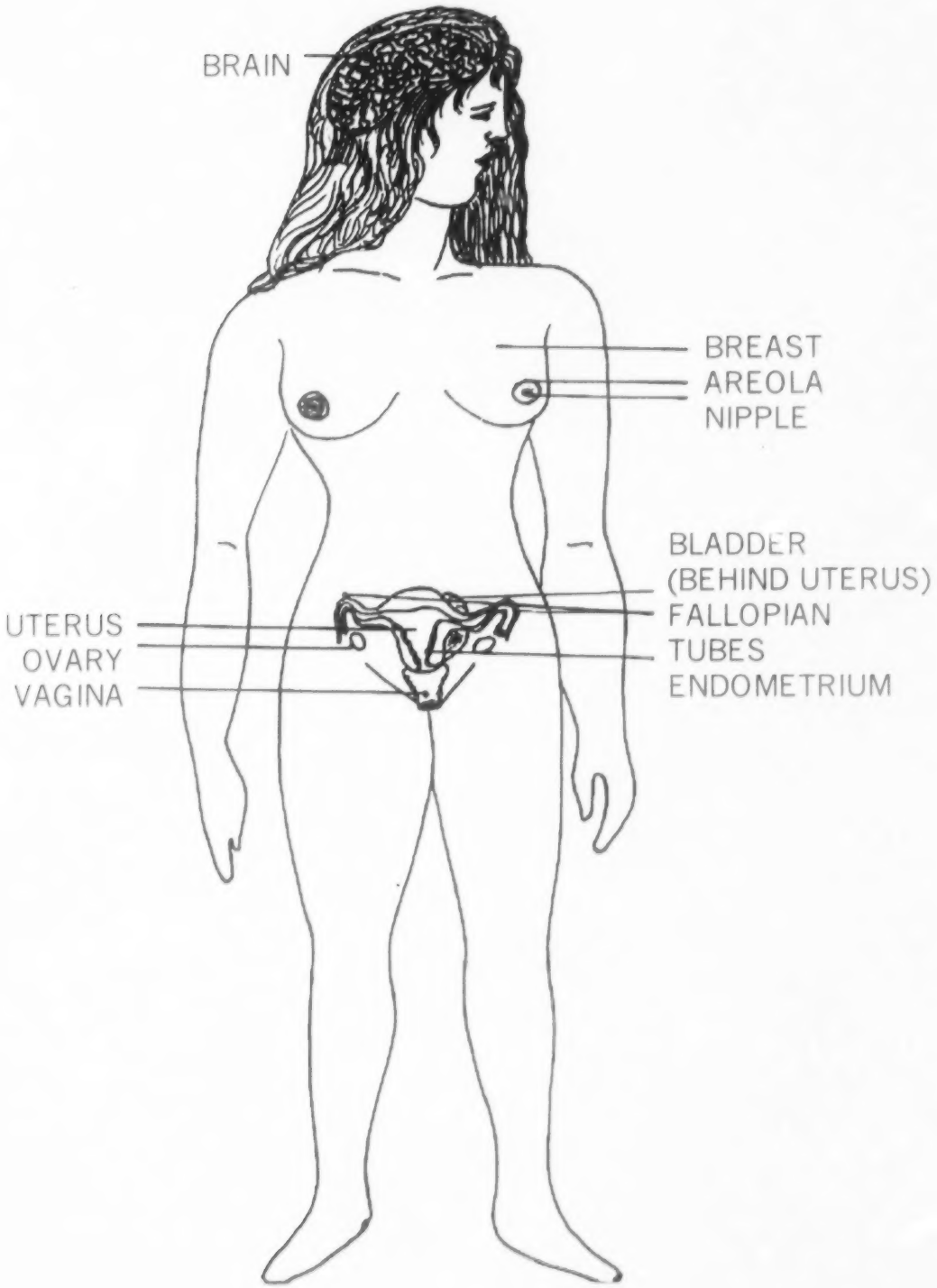
HANDOUTS

2.1 MODEL FOR "ALEX"
2.2 FEMALE "ALEX"
2.3 MALE "ALEX"
2.4 THE FEMALE "ALEX" BODY PARTS
2.5 THE MALE "ALEX" BODY PARTS
2.6.A FEMALE BODY PARTS
2.6.B MALE BODY PARTS
2.7 FACTS ABOUT SEXUAL ORIENTATION
3.1 HOW WOMEN IN OUR COMMUNITY TALK ABOUT SEXUALITY
3.2 ASSERTIVE COMMUNICATION HAS THE FOLLOWING CHARACTERISTICS
5.1 STDS AND THEIR SYMPTOMS
5.2 HIV/AIDS RELATED TERMINOLOGY
5.3 HOW HIV IS NOT TRANSMITTED (4 PAGES)
6.1 LATINA MOTHER-DAUGHTER COMMUNICATION ABOUT SEXUALITY (2 PAGES)
6.2 PARENTAL GUIDELINES FOR SEXUAL EDUCATION AND STD/HIV PREVENTION (2 PAGES)

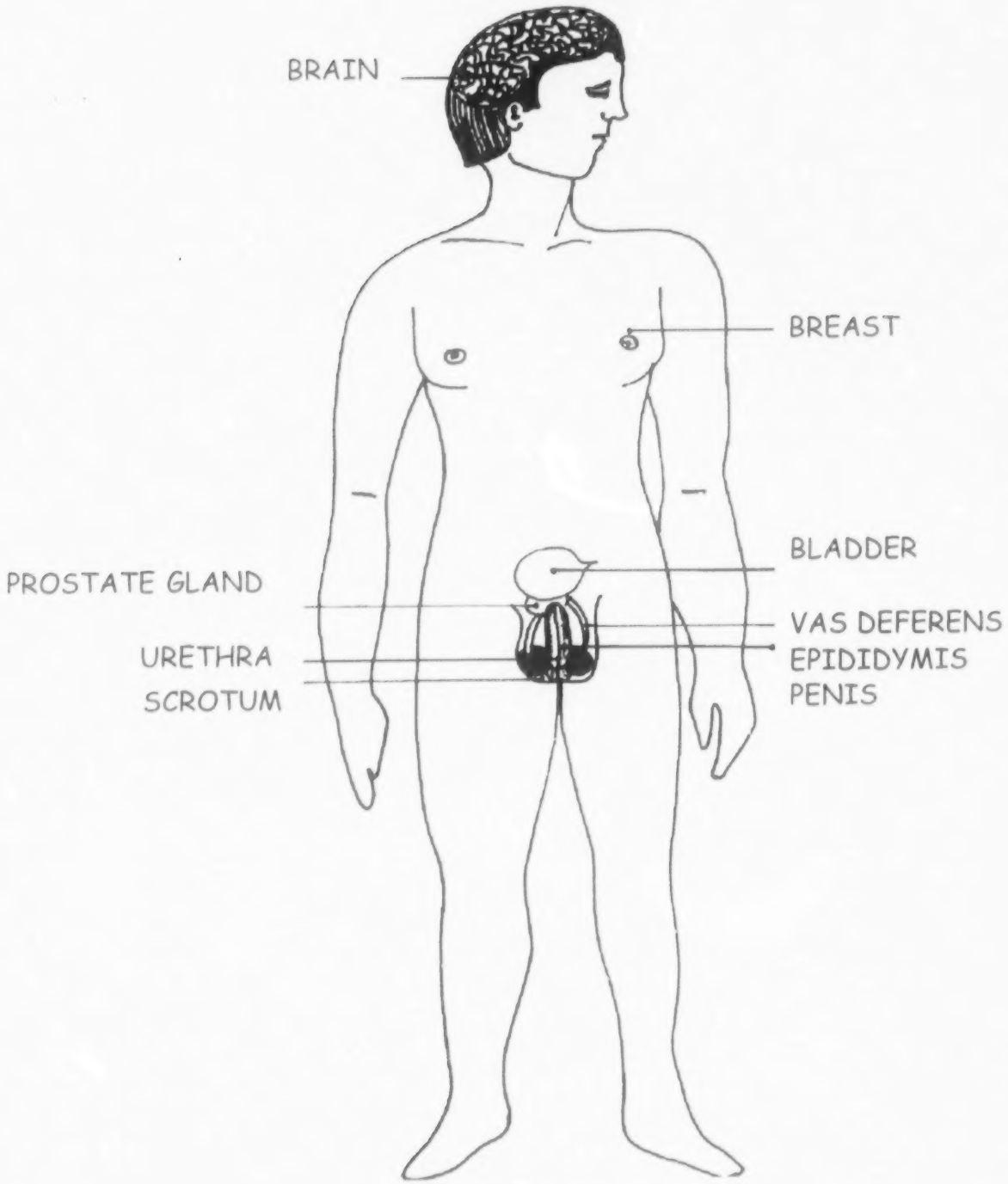
2.1 MODEL FOR "ALEX"



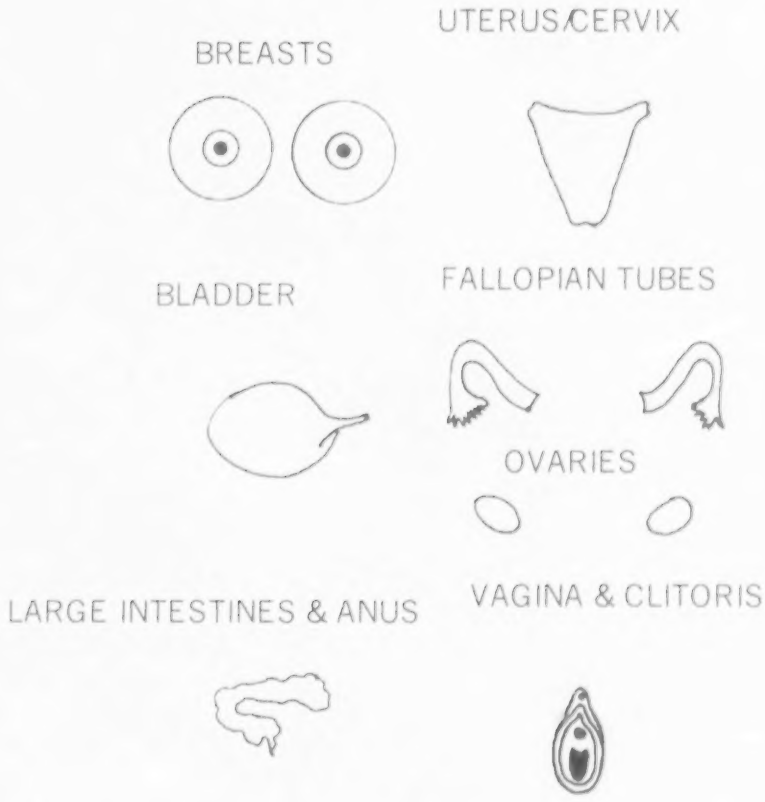
2.2 FEMALE "ALEX"

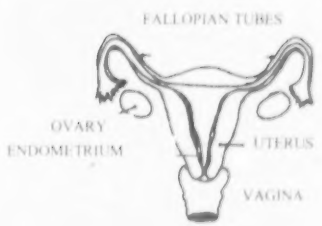


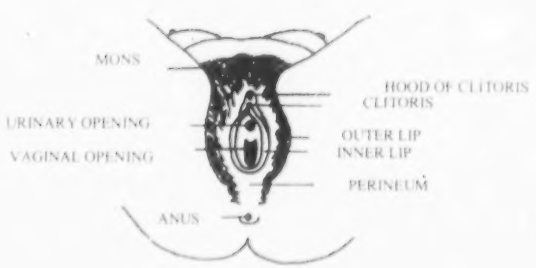
2.3 MALE "ALEX"


BRAIN
BREAST
BLADDER
PROSTATE GLAND
VAS DEFERENS
URETHRA
EPIDIDYMIS
SCROTUM
PENIS

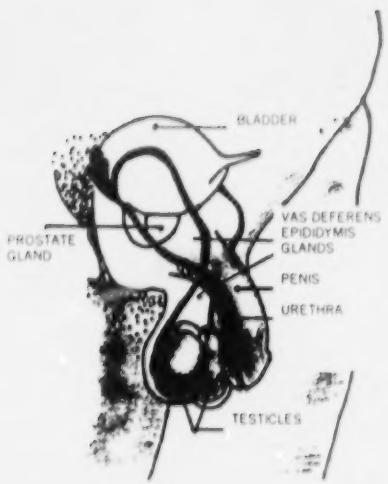
2.4 THE FEMALE "ALEX" BODY PARTS







2.5 THE MALE "ALEX" BODY PARTS



2.6.A FEMALE BODY PARTS

The female body parts include:

BREASTS (2)	OVARIES (2)	FALLOPIAN TUBES (2)
The human mammary, or milk-producing, glands that are surrounded by fat tissue. They also provide sexual pleasure when stimulated.	Two small, almond-shaped organs, located on either side of the uterus, that produce the eggs as well as estrogen and progesterone, the primary female sex hormones.	These slender tubes connect the uterus and the ovaries. An egg travels from the ovary through the fallopian tube (where fertilization takes place) to the uterus.
UTERUS/CERVIX	**BLADDER**	**VAGINA**
A pear-shaped, muscular organ that contains the fetus throughout the nine months of fetal development. The cervix is the narrow canal leading from the uterus to the vagina. The opening of the cervix resembles a small pink doughnut.	The sac that holds urine that is passed through the urinary tract. The bladder is located in front of the uterus, and may be constricted by pressure of uterine growth during pregnancy.	The muscular passage leading from the outer genitals to the cervix/uterus. During birth, a baby passes through the vagina from the uterus or womb to the outside of the body.
FETUS	**CLITORIS**	**LARGE INTESTINE & ANUS**
Once an egg, or ovum, is fertilized in the fallopian tube, the ovum implants in the wall or lining of the uterus, known as the endometrium. As the ovum's cells begin to divide and multiply, it becomes a fetus or developing baby during the nine months of gestation.	A small, external, extremely sensitive organ at the top of the vaginal opening, or the mons area, which enlarges during sexual arousal. The clitoris has only one purpose -sexual pleasure and, hopefully, orgasm!	The portion of the intestinal tract that extends to the anus and rectal opening, where waste is eliminated from the body. The anus can also serve as an area of sexual pleasure.

2.6.B MALE BODY PARTS

The male body parts include:

BREASTS (2)	SCROTUM	TESTICLES (2)
Male breasts provide pleasure through sexual stimulation. The nipple becomes erect when a male is sexually aroused.	The external sac of skin which holds the testicles. The scrotum keeps the testicles at the optimum temperature for sperm production, slightly below the internal body temperature.	The male reproductive glands which produce sperm.
VAS DEFERENS EPIDIDYMIS (2)	**PROSTATE GLAND**	**BLADDER**
Tubes that carry sperm from the testes to the seminal vesicles, where they are stored until ejaculation. The epididymis is a coiled structure at the testicular end of the vas deferens that acts as a storehouse for sperm manufactured in the testicles.	A gland that produces some of the ingredients of semen, the milky fluid that carries sperm out of the body during ejaculation. The prostate which is doughnut shaped surrounds the urethra, and lies at the base of the bladder.	The sac that holds urine that is passed through the urinary tract.
URETHRA	**PENIS**	**LARGE INTESTINE & ANUS**
The tube inside the penis that joins the vas deferens and carries urine from the bladder. The urethra is also the passageway for semen from the vas deferens. When sexual arousal occurs, a valve closes off the entry from the bladder so urine is not released during ejaculation.	The male sex organ that enlarges during sexual arousal. The highly sensitive penis has two parts: (1) the glans, or the sensitive, rounded head, and (2) the shaft, or the long base that gets hard (enlarged with blood) during erection.	This portion of the intestinal tract extends to the anus and rectal opening where waste is eliminated from the body. The anus can also serve as an area of sexual pleasure. Many seek pleasure through external anal stimulation or penetration.

2.7 FACTS ABOUT SEXUAL ORIENTATION

LEVEL 1 (AGES 5-8)

- Human beings experience different kinds of loving.
- Most men and women are heterosexual, which means they will be attracted to and fall in love with someone of the other gender.
- Some women and men are homosexual, which means they will be attracted to and fall in love with someone of the same gender.
- Homosexuals are also known as gay men or as lesbian women.

LEVEL 2 (AGES 9-12)

- Sexual orientation refers to whether a person is heterosexual, homosexual, or bisexual.
- A bisexual person is attracted to women and men.
- It is not known why a person has a particular sexual orientation.
- Homosexual, heterosexual, and bisexual people are alike except for their sexual attraction.
- Homosexual and bisexual people are often mistreated, called hurtful names, or denied their rights because of their sexual orientation.
- Some people are afraid to admit that they are homosexual because they fear that they will be mistreated.
- Homosexual love relationships can be as fulfilling as heterosexual relationships.
- Gay men and lesbians can have families by adopting children or by having their own children.

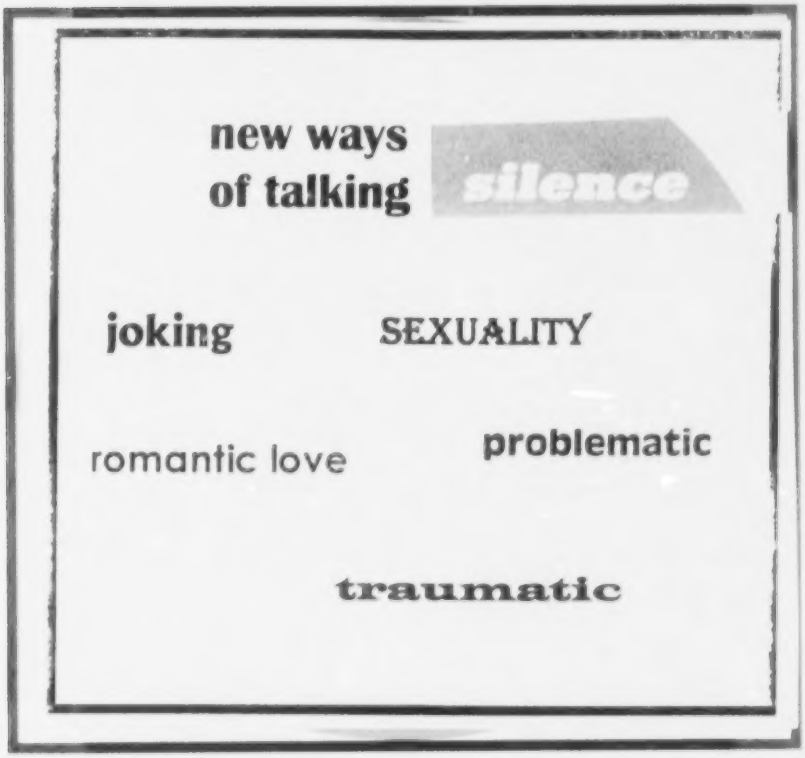
LEVEL 3 (AGES 12-15)

- Theories about what determines sexual orientation include physical factors such as genetics, prenatal influences, social-cultural factors, psychosocial factors, and a combination of all of these factors.
- Sexual orientation is not always the same as sexual behaviors.
- Homosexual couples behave sexually in many of the same ways as heterosexual couples.
- Many young people have brief sexual experiences (including fantasies and dreams) with the same gender but they mainly feel attracted to the other gender.
- Some young people have brief sexual experiences with the other gender but they mainly feel attracted to their own gender.
- When a homosexual person accepts his/her own sexual orientation, gains strength and pride as a gay or lesbian person, and tells others, it is known as "coming out."
- Talking about feelings about sexual orientation can be difficult.
- "Coming out" can be difficult because people fear negative reactions from their parents, family, and friends.
- It is common for people to feel some attraction to men and women.
- A percentage of people in every culture and society will be homosexual.
- People do not choose their sexual orientation.
- Therapy or medicine cannot change sexual orientation.
- It can be difficult to understand one's sexual orientation.
- Gay men, lesbian women and bisexuals can and do lead happy and fulfilling lives.
- Gay men and lesbian women can and do establish lifelong committed relationships.
- Some religious groups are against homosexuality.
- People's beliefs about homosexuality are based on their religious, cultural, and family values. Many of their negative beliefs are based on fear and on ignorance.

LEVEL 4 (AGES 15-18)

- A person's attractions, fantasies, and behavior determine sexual orientation.
- One's understanding and identification of one's sexual orientation may change during life.
- Some people who engage in same gender sexual behavior do not identify as bisexual or as gay or lesbian.
- Teenagers who have questions abut their sexual orientation should consult a trusted and knowledgeable adult.
- Family members, teachers, guidance counselors, physicians, religious leaders, and gay and lesbian community centers may offer support and resources for young people whom have concerns about their sexual orientation.

3.1 HOW WOMEN IN OUR COMMUNITY TALK ABOUT SEXUALITY



(+) _____ **(-)**

POSITIVE	REALISTIC	NEGATIVE
Romantic love	Positive Presents the facts about sexual behavior Recognizes that women have the right to information Teaches females how to live healthy lives and be happy	Traumatic Problematic Shameful Dirty

3.2 ASSERTIVE COMMUNICATION HAS THE FOLLOWING CHARACTERISTICS

- It is "good communication" or "telling it like it is."
- It clearly tells someone how you feel, and what you want or need in a way that doesn't threaten, punish, or put down.
- It lets you express your thoughts and feelings without anxiety or fear.
- It is direct and honest.
- It models for your children how they can effectively communicate with others as well as how they want to be addressed or treated. It shows them how to address their feelings appropriately and effectively.
- It gets the point across without leaving you feeling guilty or out of control.
- It does not hurt your child's self esteem.
- Assertive communication is sometimes called the "me" style. When people use the "me" style, they usually feel more confident, in control and get more positive reactions from others.
- Assertive communication is not something we are born knowing how to do. It is a way of expressing ourselves that can be learned.
- It takes self-awareness. Aggressive communication and passive communication can occur spontaneously and it usually does. Assertive communication is an acquired skill that begins with being conscious that we do have a choice in how we speak, and the words we use. You are in control over your emotions.

5.1 STDS AND THEIR SYMPTOMS

STD	Women's Symptoms	Men's Symptoms	Shared Symptoms
SYPHILIS It's caused by bacteria named Treponema pallidum. It can affect practically all organs of the body. Syphilis is transmitted most often by sexual intercourse, but it can also be spread by a woman to her baby during pregnancy and birth or by coming into contact with infected sores.	No specific gender-related symptoms.	No specific gender-related symptoms.	Stage 1: chancre (hard, painless sore that appears within three months of contact). Stage 2: skin rashes Stage 3: organ damage (the heart and central nervous system are affected, as well as the skin, liver, bones, and spleen; it can cause blindness.
CHLAMYDIA It's caused by bacteria called Chlamydia trachomatis. Chlamydia can also be spread by the mother to her baby during pregnancy and birth and can lead to pneumonia and eye infections in the infant.	Possibly none. Some women may notice pus-like vaginal or rectal discharge, painful and frequent urination, pelvic pain, abnormal vaginal bleeding, and painful sexual intercourse.	Itching, burning	Itching, burning
Trichomoniasis **("trich")** It's an infection caused by a parasite named Trichonoma vaginalis.	Itching; burning; presence of heavy, foamy, yellow-green vaginal discharge and vaginal soreness.	Possibly none.	Itching, burning
Gonorrhea (Clap) It's a common bacterial infection caused by an organism called Neisseria gonorrhoeae.	Possibly none. Some women may notice increased vaginal discharge, painful urination, bleeding or spotting between menstrual periods.	Itching, burning, painful urination, drip.	Possible organ damage if untreated
HERPES Genital herpes infection is caused by viruses named herpes simplex.	Blisters in and around vagina, and cervix.	Blisters on penis and in urethra.	Blisters in and around the genital or rectal area, on legs, on other body parts. It may cause fever, swollen glands, and loss of appetite.
HIV/AIDS Acquired immune deficiency syndrome (AIDS) is caused by a virus named human immuno-deficiency virus (HIV). HIV destroys the body's immune system that fights off disease, thereby allowing deadly infections and illnesses to invade the body.	May have cervical dysplasia, vaginal yeast infections	Anal and urethral yeast infections	More than half of people who are infected with HIV don't show symptoms of the disease for over ten years. Signs of infection include opportunistic infections, wasting syndrome, CNS complications, oral yeast infections, prolonged diarrhea, severe weight loss, fever or night sweats, skin rashes, mouth sores, swollen glands, extreme and constant fatigue.
HPV (Human Papilloma Virus)	Cervical, vaginal warts	Urethral warts	Anal, external genital warts

5.2 HIV/AIDS RELATED TERMINOLOGY

WHAT IS AIDS?

AIDS stands for Acquired Immuno Deficiency Syndrome.

A = Acquired	Something you get after you do something. Not inherited.
I = Immuno	Immunological system is the body's biological defense that fights infections and diseases.
D = Deficiency	That does not work properly.
S = Syndrome	A group of symptoms and diseases.

AIDS is a disease in which the body's immune system breaks down. Normally, the immune system fights off infection and certain other diseases. When the system fails, a person with AIDS can develop a variety of life-threatening illnesses.

WHAT CAUSES AIDS?

AIDS is caused by a virus called the Human Immunodeficiency Virus, or HIV. A virus is one of the smallest 'germs' that can cause disease. As HIV disease progresses, there is a gradual deterioration of immune function making an individual particularly vulnerable to the illnesses that are typical of AIDS, the end stage of HIV disease.

WHAT IS AN OPPORTUNISTIC INFECTION?

An opportunistic infection is an illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes and other organs.

WHAT DOES THE WINDOW PERIOD MEAN?

The window period refers to the time between when a person becomes infected and when the HIV tests can begin to detect either the antibodies or the virus. The window period can be from two weeks to six months long. During the window period, a person can transmit the virus to others, even before they know they are infected.

5.3 HOW HIV IS NOT TRANSMITTED

(Page 1 of 4)

5.3 HOW HIV IS NOT TRANSMITTED

HIV can not be spread by hugging or touching a person with AIDS.

You can not get HIV by having someone whisper in your ear or breath on you.

5.3 HOW HIV IS NOT TRANSMITTED

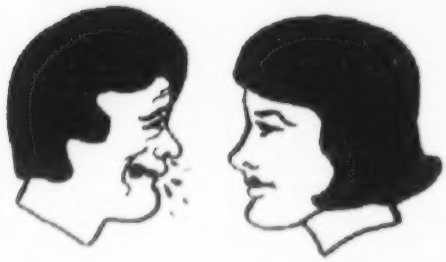
(Page 3 of 4)

You can not get HIV by being bitten by a mosquito or any other bug. HIV does not survive in mosquito and other insects.

You can not get infected with HIV by using the toilet seat used by a person with AIDS.

5.3 HOW HIV IS NOT TRANSMITTED

HIV is not spread through coughing or sneezing.



HIV is not spread by sharing hot tubs or swimming in pools with a person with AIDS.

6.1 LATINA MOTHER-DAUGHTER COMMUNICATION ABOUT SEXUALITY (Page 1 of 2)

TEMA	WHAT MOTHERS SAY	WHAT DAUGHTERS SAY
"We never talked about that." Sexuality themes (body, gender) and sexual knowledge, beliefs, attitudes, and behaviors are not discussed between mother and daughter. Sexuality is not talked about; it is not conveyed in words.	• "Our tradition is not to talk to our children about this topic [sexuality]." • "In the province where I come from, people don't talk about sexuality or menstruation." • "I had heard that at a certain age the girl was not a girl anymore but a lady (senorita), but I did not know how. My mother never talked to me about it. The first time I had my period I was very scared"	• "Sometimes there is something [sexual] on television and I ask my mother: What is that? She will stay quiet or say, "I don't know" and turn her face to the opposite side. Many times, we look for an answer at other places, but that is not OK because we do not go to a person that knows about it [like a mother]. I think that this is one of the mistakes with our education." • "Sometimes [on television] you can hear words that refer to sex. I ask my mother: What is that? She will stop talking and leave. She does not answer me." • I know that they [parents] have questions, they also want to know. They also know that we will not ask them. For this reason we go and ask someone else, or do things that we should not do. We want to know." • "My sister is asking my mother that type of question, What is a prostitute? My mother's response is that she does not want to hear about that."
"We feel ashamed when we talk about these topics" Mother and daughter experience strong emotions and feelings associated with sexual topics. These emotions make conversations around sexuality difficult and very uncomfortable.	• "We parents have to talk to our children [about sexuality] but we do not have the courage, the confidence. We feel ashamed when we talk to our children about this topics."	• "I feel ashamed to talk to my mother not about the period, but about sex and other things. Yes, I feel ashamed." • "For girls my age is very embarrassing to talk about sexuality and HIV with our mothers. Even when you have a close relationship with your mother, it's still difficult. Like me, I can talk to my mother but still feel ashamed" (Sonia, 16).
"We talk about everything." Mother and daughter talk about some sexual topics. Themes concerning girls' sexual development are easier to address than those about sexual intercourse.		• "My mother tells me everything. I have another sister, 12 years old; she is more advanced than I am. She is always asking my mother questions. My mother always tells us the truth, so we can take care of all that and ourselves. However, my dad is not like that. When my dad is present she stays quiet and tell us that we should not talk about that in front of him." • "Some girls do not have sex early because their mother explain to them early in life the things [sexual relation] that she already knows or has gone through, the things that a mother wants her daughter to know. That is the way she raises her daughter."
"I am concerned about what others will think. 'El que dirán' " Women are concerned that if they address sexual topics and sexual language openly, their reputation as a 'decent' woman will be affected.		• "Sometimes mothers do not want to talk because they are worried about what others would think: "el que dirán" -- what aunts would say, or what others would say here." • "Sometimes I ask my mother if I can go out with my friends. She will say, No! Because your uncles will think badly of you. They are worried about what the family will think ("el que dirán")."

6.1 LATINA MOTHER-DAUGHTER COMMUNICATION ABOUT SEXUALITY (Page 2 of 2)

WE NEVER TALK ABOUT THAT.
WE FEEL ASHAMED WHEN WE TALK ABOUT THOSE TOPICS
WE TALK ABOUT EVERYTHING!
I AM CONCERNED ABOUT WHAT OTHERS
EL QUE DIRÁN...

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6.2 PARENTAL GUIDELINES FOR SEXUALITY EDUCATION AND STD/HIV PREVENTION* (Page 1 of 2)

STAGE	WHAT TO EXPECT	WHAT TO DO
Infants (Birth to one year)	• Baby explores its own body and its immediate world. • The discovery of genitals is a natural part of learning about and exploring the body. Erections are normal for baby boys.	• Use correct terms for all the parts of the body (eg. there is your hand, there is your nose, there is your penis, there is your vulva, and there is your leg). • Let the baby discover her/his own body while bathing, waving their arms and legs in the air, and tasting their fingers and toes.
Toddlers (1 through 4 years)	• Toddlers are always in motion, moving, walking, jumping, climbing, etc. • Toddlers show interest in the differences between male and female bodies. They express their interest by doing things such as following men to the bathroom and touching women's breasts.	• Answer children's questions about their body using correct words. • Teach children to take care of their body by teaching them to wash their hands, brush their teeth, and use the seat belt in the car. • Begin teaching toddlers about privacy. There are activities such as using the toilet, bathing, or touching one's own genitals that are private. Adults sometimes need private time.
Preschoolers (4 through 5 years)	• Preschoolers are active learners and gain knowledge by doing and playing, not by verbal explanations. • Boys and girls become more independent and start asking questions about babies. They can understand simple explanations.	• Use concrete situations to teach your child about germs and disease. For example if your child cuts her/his finger, explain how germs can enter the wound and make her/him sick. • Answer questions about AIDS and sex directly, simply, and concretely, eg. Where do babies come from? A baby grows inside mommy's tummy. • Teach them to never take drugs or medicines without your approval. • Teach them safety rules: How to cross the street. Their name, address, and telephone number. Never to talk or go out with a stranger.
Young school age children (5 through 8 years)	• At this age, children understand complex matters about health, disease, and sexuality. • Children are interested in birth, weddings, other types of relationships, and death. • Most children have heard about AIDS through radio, television, friends, or adults. They might express fear about the disease.	• Teach your child that their body is theirs and no one should touch them in a way that makes them feel uncomfortable. • Your child most probably has heard about AIDS. Give a more detailed explanation about AIDS, sexuality and reproduction. Their curiosity about condoms and sanitary napkins may be a good way to start. Emphasize that people do not get AIDS as a punishment for being bad. • Teach them not to play with needles they find in parks, streets, etc.

* Taken from *Finding Our Voices: Talking to Our Children about Sexuality and AIDS*, a publication of Mothers' Voices. For more information about Mothers' Voices, write to 165 West 46th Street, Suite 701, New York, NY 10036 or visit the website at www.mvoices.org.] 1998 by Mothers' Voices. Used with permission.

6.2 PARENTAL GUIDELINES FOR SEXUALITY EDUCATION AND STD/HIV PREVENTION (Page 2 of 2)

STAGE	WHAT TO EXPECT	WHAT TO DO
Preteens (9 through 12 years)	• At this age children grow and change very fast. • They are concerned about their body appearance, about being "normal", and they are very curious about sex. • Some boys and girls are going through hormonal changes. Girls can start to develop breasts, have their first period, growths of pubic and underarm hair, broadening hips. • Girls may grow and develop faster than boys. • Peer groups become very important, and they exercise powerful social pressures for conformity to the group.	• Provide factual information about: sexual relations (oral sex, vaginal sex and anal sex), menstruation, condoms, reproductive health • Preteens need to know that sexual relations have consequences such as pregnancy and sexually transmitted diseases, including HIV. • Preteens need to know that sexual relations are an adult behavior that is not physically or mentally healthy for teens. • Preteens need to know how HIV is transmitted and not transmitted, and how to use a condom. • Through "consejos", share your values about sexual relationships, substance abuse, and other issues. Encourage them to stay free of alcohol and drugs.
Early adolescents and adolescents (12 through 18 years)	• Greater independence and openness to new experiences. • Teens are able to learn and understand the wide range of STDs and HIV information, same as adults. • Many parents wish their sons and daughters do not become sexually active until they are adults. Nevertheless, many young people become sexually active before they are 20 years old. • Teenagers are subject to social pressures that push them to experiment with drugs, sex and alcohol.	• Keep lines of communication open. • Make sure your daughter is fully informed of STDs and HIV transmission. Make sure she understands that the best way to prevent HIV infection is by not having sex and not using drugs. • Through "consejos" share your values about sexual relationships, substance abuse, and other issues. • Inform your daughter that many sexual activities give pleasure and do not involve sexual intercourse. For example: kissing, hugging, holding hands, and masturbation. • Make sure your daughter has complete and accurate information about sexuality, including: postponing or abstaining from sexual activity, using latex condoms and other safe sexual and birth control practices. • Although you cannot make decisions for your daughter, you can make suggestions and tell her how you feel.

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